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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759150 (6)

1. Corporation Name

THE SUNSET HARBOUR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

6200 S.W. 128 AVENUE
MIAMI FL 33183

Mailing Address

6200 S.W. 128 AVENUE
MIAMI FL 33183-54433. Date Incorporated or Qualified
07/13/19813a. Date of Last Report
04/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 96 AERIS CORP.
Suite, Apt. #, etc.
27 PO BOX 960952

28 City & State

MIAMI, FL

29 Zip

33296-0952

30 Country

DSA

4. FEI Number

65-0106527

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

DELGADO, ALEJANDRO J
8001 S.W. 149 AVENUE
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FERREIRA, MARIA C
STREET ADDRESS 12851 S.W. 65 TERR.
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETETITLE VD
NAME POSADA, TEOBALDO
STREET ADDRESS 12557 S.W. 64 LN
CITY-ST-ZIP MIAMI FL 33183 ☒ DELETETITLE TD
NAME MILLS, WILLIAM
STREET ADDRESS 12860 S.W. 64 LN
CITY-ST-ZIP MIAMI FL 33183 ☒ DELETETITLE SD
NAME LA GRA, AMONDA
STREET ADDRESS 12771 S.W. 65 ST
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☒ Addition
3.2 NAME TD
3.3 STREET ADDRESS FRANCISCO NIETO
3.4 CITY-ST-ZIP 6512 SW 128 PLACE
MIAMI, FL 331834.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033650

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