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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759150

1. Corporation Name
THE SUNSET HARBOUR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6200 S.W. 128 AVENUE MIAMI FL 33183	C/O AERRIS CORP PO BOX 960952 MIAMI FL 33296-0952 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/13/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0106527 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired X $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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) 8003 SW 149 AVENUE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	MERCEDES LOSADA	☐ Change ☒ Addition
NAME	FERREIRA, MARIA C		1.2 NAME	12731 SW 65 STREET	#1
STREET ADDRESS	12851 S.W. 65 TERR.		1.3 STREET ADDRESS	MIAMI, FL 33183	
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	MARIA DEL CARMEN QUINTERO	☐ Change ☒ Addition
NAME	NIETO, FRANCISCO		2.2 NAME	12759 SW 60 LANE	#2
STREET ADDRESS	6512 SW 128 PLACE		2.3 STREET ADDRESS	MIAMI, FL 33183	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	LA GRA, AMANDA		3.2 NAME		#3
STREET ADDRESS	12771 S.W. 65 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	MAX ZILBERBERG	☐ Change ☒ Addition
NAME			4.2 NAME	12781 SW 65 STREET	#4
STREET ADDRESS			4.3 STREET ADDRESS	MIAMI, FL 33183	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E031 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 01/28/99 3057529247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #