2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90070 044 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # 759150

1. Entity Name

THE SUNSET HARBOUR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI FL 33186 US	C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI FL 33186 US

2. Principal Place of Business	3. Mailing Address
7100 S.W 99 Ave	C/O Complete & Reliable
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 7100 S.W 99 Ave, 102
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33173 Country: USA	Zip: 33173 Country: USA

4. FEI Number 65-0106527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLD INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RACINES, JOSE 12785 SW 59 STR. MIAMI FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ramon Barrios 6320 S.W 127 ct Miami, FL 33183	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALLARD, DANILO 12893 SW 60 TERR. MIAMI FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Julio Brezo 12760 S.W 60 Ln Miami, FL 33183	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AMAURIS, RODRIGUEZ 6519 SW 129 AVE MIAMI FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Tania Diaz 12869 S.W 64 Ln Miami, FL 33173	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LOZADO, ANTONIO 6044 SW 127 PL. MIAMI FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Orlando Mendez 12835 S.W 62 Ln Miami, FL 33183	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWARTZ, ROBERT JR 12849 SW 65 STREET MIAMI FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Liliam Bermudez 6661 S.W 127 Pl Miami, FL 33173	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/12/04 305-598-406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #