

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90013 021 ****61.25

DOCUMENT # 759150	
1. Entity Name THE SUNSET HARBOUR HOMEOWNERS' ASSOCIATION, INC.	



Principal Place of Business 7100 SW 99 AVE 102 MIAMI, FL 33173 US	Mailing Address % COMPLETE & RELIABLE 7100 SW 99 AVE, 102 MIAMI, FL 33173 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05022005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0106527		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKRLD INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg. stered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRIOS, RAMON 6320 SW 127 CT MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERESA HERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6240 SW 129 AVE MIAMI, FL 33183 (Director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREZO, JULIO 12760 SW 60 LANE MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Gervasio <input type="checkbox"/> Change <input type="checkbox"/> Addition 6332 SW 127 AVE MIAMI, FL 33183 Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, TANIA 12869 SW 64 LANE MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, ORLANDO 12835 SW 62 LANE MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMUEZ, LILIAN 6661 SW 127 PT MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ramon A Barrios 5/16/05 305-598-4068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #