2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 8:00 am Secretary of State

DOCUMENT # 759171 1. Entity Name SUNSET ISLANDS PROPERTY	OWNERS, INC.		03-02-20	005 90074 010 ****61.25			
Principal Place of Business 2535 LAKE AVENUE MIAMI BEACH, FL 33140	Mailing Address ATTN: NEIL DUBROW 2535 LA MIAMI BEACH, FL 33140	ATTN: NEIL DUBROW 2535 LAKE AVENUE		50012221			
2. Principal Place of Business 1600 West 27 TH ST, Suite, Apt. #, etc.	3. Mailing Address A+tn: E.Schechter Suite, Apt. #, etc.	1600 Westati	01232005 Chg-NP	CR2E037 (10/03)			
City & State M:am: Beach, FL	City & State Miami Beach	City & State Miami Beach, FL		Applied For Not Applicable			
Zip 33/40 Country		ountry	5. Certificate of Status Desire	ed S8.75 Additional Fee Required			
6. Name and Address of Cu	7. Name and Address of New Registered Agent						
DUBROW, NEIL 2535 LAKE AVENUE MIAMI BEACH, FL 33140	Name Elizabeth Schechter Street Address (P.O. Box Number is Not Acceptable) 1600 West 27TH ST.						
			ii Beach	FL Zip Code 33 140			
The above named entity submits this statem the obligations of registered agent.	nent for the purpose of changing its registe	red office or register	red agent, or both, in the State of	of Florida. I am familiar with, and accept			
SIGNATURE Climbeth a.	Schechter			2-27-05			
Signature (valed or printed name of registers	ed agent and title if applicable. (NOTE: Registe	red Agent signature required	d when reinstating)	DATE			
Filing Fee is \$61.25	9. Election Campaign		\$5.00 May Be	Make check payable to			

<u>. </u>	Signature (NPB40 of printed usual or registered agent and line in application. (INO15; neglistered Agent signature required when religiously)							
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees		ake check payable t da Department of S		
10.	OFFICERS AND DIREC	CTORS	11,	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS IN	110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELEGANT, IRA 1360 NORTH VIEW DRIVE MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-\$1-ZIP	TD Elizabeth A. Se 1600 West 27 Miami Beach	ITH ST.		⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBROW, NEIL 2535 LAKE AVENUE MIAMI BEACH, FL 33140	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ellen Peterson 2560 Sunset I Miumi Beach	Drive_	☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D DAN, CAROL 1635 W 27 STREET MIAMI BCH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP HERTZBERG, ROBERT 1601 NORTH VIEW DR MIAMI BEACH, FL 33140	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, PHILIP 1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARON, NIKKI 2526 LAKE AVENUE MIAMI BEACH, FL 33140	☑ 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: Elizabeth A. Schechter 2-27-05 305-538-4972 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone 1