

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90005 050 ****70.00

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| DOCUMENT # N00000005370 | | | | | |
| 1. Entity Name SUNSOUTH PLACE, INC. | | | | | |
| Principal Place of Business 155 SOUTH MIAMI AVENUE #1150 MIAMI, FL 33131 | | | Mailing Address 155 SOUTH MIAMI AVENUE #1150 MIAMI, FL 33131 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | City & State | |
| 4. FEI Number 65-1072394 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAREUS, MARIA P 155 SOUTH MIAMI AVENUE SUITE 1150 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name: MARIA PELLERIN BARCUS Street Address (P.O. Box Number is Not Acceptable): 155 SOUTH MIAMI AVE STE 1150 City: MIAMI FL Zip Code: 33131 | | |
| 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: <i>[Signature]</i> MARIA PELLERIN BARCUS 01-20-04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE VD NAME QUICK, LINDA STREET ADDRESS 6363 TAPT STREET STE 200 CITY-ST-ZIP HOLLYWOOD, FL 33024 | <input type="checkbox"/> Delete | | TITLE C NAME QUICK LINDA S STREET ADDRESS 6363 TAPT ST. SUITE 200 CITY-ST-ZIP HOLLYWOOD FL 33024 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE CD NAME JACKSON, FREDERICK STREET ADDRESS 1 ALHAMBRA PLAZA 8TH FLR CITY-ST-ZIP CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Delete | | TITLE VC NAME GARCIA TERE STREET ADDRESS 2601 S. BAYSHORE DR. 10TH FL CITY-ST-ZIP MIAMI FL 33133 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE SD NAME CASALE, FRANKLYN STREET ADDRESS 16400 NW 32 AVENUE CITY-ST-ZIP MIAMI, FL 33054 | <input type="checkbox"/> Delete | | TITLE D NAME BELL ED STREET ADDRESS 117 VIA VERONA CITY-ST-ZIP DEERFIELD BEACH FL 33442 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE TD NAME GONZALO- DE, RADON STREET ADDRESS 701 BRICKELL AVENUE CITY-ST-ZIP MIAMI, FL 33131 | <input checked="" type="checkbox"/> Delete | | TITLE TD NAME DANNER STEPHEN STREET ADDRESS 1101 BRICKELL AVE STE 1402 CITY-ST-ZIP MIAMI FL 33131 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE P NAME BARCUS, MARIA P STREET ADDRESS 155 S MIAMI AVENUE STE 1150 CITY-ST-ZIP MIAMI, FL 33131 | <input checked="" type="checkbox"/> Delete | | TITLE S NAME CASALE FRANKLYN MSGR. STREET ADDRESS 16400 NW 32ND AVE CITY-ST-ZIP MIAMI FL 33054 | <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: <i>[Signature]</i> MARIA PELLERIN BARCUS 01-20-04 305-318300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |