2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED DOCUMENT # NO1000005293 SUN VILLAS TOWN HOMES CONDOMINIUM 04 NOV 29 PM 2: 43 ASSOCIATION, INC. SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 710 SOUTH DIXIE HIGHWAY 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 3. Mailing Address P.O. BOx 160718 2.-Principal Place of Business 750 W.26th AU Suite, Apt. #, etc. Suite, Apt. #, etc. Suite City & State City & State Applied For 65-1129461 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3361**6** きろのい Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Floridais Property CORREA, DANNY Street Address (P.O. Box Number is Not Acceptable) 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146 City Zip Code 3301 2 (each 8. The above named entity submits this statement for the purpose changing its restatered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ered Agent signature required when reinstating) DATE =9.:Election Campaign Financing Make check payable to _Filing Fee is \$61.25 \$5:00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. gabriel. Hartinez TITLE TITLE Addition Delete Change ROBAINA, JULIO NAME NAME PD STREET ADDRESS **499 WEST 23RD ST** STREET ADDRESS Same CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP TITLE Delete TITI F Berty Morales ☐ Change ☐ Addition VERA, CLEMENTE NAME NAME TD 499 WEST 23RD ST STREET ADDRESS STREET ADDRESS Same CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-7IP Antonio Noriega Change TITLE Delete TITLE ☐ Addition MESIRE, TERESA NAME MAME SD STREET ADDRESS 14931 BEL AIRE DRIVE SOUTH STREET ADDRESS Same CITY-ST-ZIP PEMBROKE PINES, FL 33037 CITY-\$T-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 600043047176 STREET ADDRESS STREET ADDRESS 11/29/04--01071--004 **61,25 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR

305-821-1794

Date

Daytime Phone #