

FILED
Apr 06, 2006 8:00 am
Secretary of State

02-28-2006 90019 007 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000005293			
1. Entity Name SUN VILLAS TOWN HOMES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7750 WEST 26TH AVE SUITE 4 HIALEAH, FL 33016		Mailing Address P.O. BOX 160718 HIALEAH, FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1129461		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA'S PROPERTY MGMT. GROUP 7750 WEST 26TH AVE SUITE 4 HIALEAH, FL 33016			
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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when releasing.) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		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 PD		☐ Delete	
NAME MARTINEZ, GABRIEL			
STREET ADDRESS 7750 WEST 26TH AVE			
CITY - ST - ZIP HIALEAH, FL 33016			
TITLE PD		☐ Delete	
NAME MORALES, BERTY			
STREET ADDRESS 7750 WEST 26TH AVE			
CITY - ST - ZIP HIALEAH, FL 33016			
TITLE SD		☒ Delete	
NAME NORIEGA, ANTONIO			
STREET ADDRESS 7750 WEST 26TH AVE			
CITY - ST - ZIP HIALEAH, FL 33016			
TITLE		☐ Delete	
NAME			
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CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sabriel Martinez</u>		Date: <u>2/24/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	