2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 001 ****80.00

DOCUMENT # N02534

1. Entity Name

SUNBLEST TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4775 NW 89TH AVENUE SUNRISE FL 33351-2361	4775 NW 89TH AVENUE SUNRISE FL 33351-2361

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
3111 STERLING ROAD
FORT LAUDERDALE FL 33312-3525

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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 T NAME LERNER, ADAM STREET ADDRESS 4673 NW 89 AVE CITY-ST-ZIP SUNRISE FL 33351	☐ Delete	TITLE PRESIDENT NAME LERNER, ADAM STREET ADDRESS (SAME AS ON FILE) CITY-ST-ZIP	☒ Change ☐ Addition
TITLE VP NAME ELIMELECH, MAY STREET ADDRESS 4720 NW 90 AVE CITY-ST-ZIP SUNRISE FL 33351	☒ Delete	TITLE VP NAME JOYCE JORDAN STREET ADDRESS 4684 N-W 90 AVE CITY-ST-ZIP SUNRISE FL 33351	☐ Change ☒ Addition
TITLE PD NAME GROSSFELD, DONNA STREET ADDRESS 4676 NW 90 AVE CITY-ST-ZIP SUNRISE FL 33351	☐ Delete	TITLE TREASURER NAME GROSSFELD, DONNA STREET ADDRESS (SAME AS ON FILE) CITY-ST-ZIP	☒ Change ☐ Addition
TITLE VP NAME MORGAN, APRIL STREET ADDRESS 8825 NW 48 ST CITY-ST-ZIP SUNRISE FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME GROSSFELD, DONNA STREET ADDRESS 4676 NW 90 AV CITY-ST-ZIP SUNRISE FL 33351	☒ Delete	TITLE S NAME REBECCA SCHACHTER STREET ADDRESS 8846 NW 48 ST CITY-ST-ZIP SUNRISE FL 33351	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemptions contained in Section 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: ADAM LERNER PRESIDENT 2/1/06 954-742-5516