2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90198 006 ****70.00

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1. Entity Name
SUNSET LAKE ESTATES II HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1069 N KENDALL DR. SUITE 311 MIAMI, FL 33176	1069 N KENDALL DR. SUITE 311 MIAMI, FL 33176

04252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
300 ARAGON AVE	300 ARAGON AVE
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Coral Gables FL	City & State: Coral GABLES FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 65-0933433 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, JOSE
1069 N KENDALL DR.
SUITE 311
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: ROGELIO CAINZOS
Street Address (P.O. Box Number is Not Acceptable): 300 ARAGON AVE.,
Suite 210
City: CORAL GABLES FL Zip Code: 33134

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: _____ 4/28/05
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, JOSE 1069 N KENDALL DR. SUITE 311 MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JACQUELINE HART-LOPEZ 16325 SW 70 STREET MIAMI-FL. 33193	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ORLANDO CARRION 7035 SW 162 PATH MIAMI-FL 33193	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER PATRICIA RUIDIAZ 16374 SW 68 TERR. MIAMI, FL. 33193	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SAMUEL HERNANDEZ 16281 SW 68 TERR. MIAMI, FL. 33193	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: _____ 4/28/05 (305) 441-7904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #