



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000002266 1. Entity Name SUNSET POINT OF SOUTH MIAMI CONDOMINIUM ASSOCIATION, INC.						FILED 07 OCT 23 AM 10:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2510 N.W. 97 AVE., #200 DORAL, FL 33172				Mailing Address 2510 N.W. 97 AVE., #200 DORAL, FL 33172			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 20-8584532				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code				Name Sylvia Pique Street Address Excel Management Assoc. 2510 NW 97 AVE #200 City DORAL State FL Zip Code 33172			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				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 PD NAME MCKENNEY, ALEXIS STREET ADDRESS 5839 S.W. 74 TERRA, #101 CITY-ST-ZIP MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete				TITLE PD NAME Lehnhard, Daniel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5839 S.W. 74 terra #202 CITY-ST-ZIP MIAMI, FL 33143			
TITLE VD NAME GUZMAN, LUIS STREET ADDRESS 7355 S.W. 154 TERRA CITY-ST-ZIP MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete				TITLE SD NAME GUZMAN, LUIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 7355 S.W. 154 terra CITY-ST-ZIP MIAMI, FL 33157			
TITLE D NAME FERRANDO, NICOLE STREET ADDRESS 5839 S.W. 74 TERRA, #305 CITY-ST-ZIP MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete				TITLE TD NAME Perez, Nelson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5839 S.W. 74 terra #201 CITY-ST-ZIP MIAMI, FL 33143			
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			
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			
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 10-10-07 Daytime Phone # (305) 796-0051			