

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90229 035 ****61.25

DOCUMENT # N05000004307

1. Entity Name
**SANTA MONICA TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**7071 WEST COMMERCIAL BLVD
SUITE 2B
TAMARAC, FL 33319 US**

Mailing Address
**7071 WEST COMMERCIAL BLVD
SUITE 2B
TAMARAC, FL 33319 US**

40050740



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-2770543

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUNRAE PROPERTY MANAGEMENT
7071 WEST COMMERCIAL BLVD
SUITE 2B
TAMARAC, FL 33319**

Name **Sun Rae Management**

Street Address (P.O. Box Number is Not Acceptable)
6915 TART ST

City

Hollywood

FL

Zip Code

33024

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MARCIANO, RICHARD**
CITY-ST-ZIP **8204 SANTA MONICA AVENUE
TAMARAC, FL 33321**

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **GOMEZ, GILBERT**
CITY-ST-ZIP **8319 SANTA MONICA TERRACE
TAMARAC, FL 33321**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MALCOM, SONIA**
CITY-ST-ZIP **8305 SANTA MONICA AVENUE
TAMARAC, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/08

954-721-7715