

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004447

FILED
Aug 20, 2007
Secretary of State

Entity Name: SUNDAY GARDENS CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

7231 SW 63RD AVENUE
SUITE 200
MIAMI, FL 33143

New Principal Place of Business:

7178 A SW 47 STREET
MIAMI, FL 33155 US

Current Mailing Address:

7231 SW 63RD AVENUE
SUITE 200
MIAMI, FL 33143

New Mailing Address:

7178 A SW 47 STREET
MIAMI, FL 33155 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALLE, MARIA F ESQ.
3750 N.W. 87TH AVENUE
SUITE 100
DORAL, FL 33178 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MOREIRA, DOMINGO R
Address: 7231 SW 63RD AVENUE
City-St-Zip: MIAMI, FL 33143

Title: PD () Delete
Name: BRU, RAFAEL I
Address: 7231 SW 63RD AVENUE
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: GONZALEZ, SILVIA
Address: 7231 SW 63RD AVENUE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA GONZALEZ

TD

08/20/2007

Electronic Signature of Signing Officer or Director

Date