2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012788

FILED Jun 17, 2009 Secretary of State

Entity Name: HARBOURSIDE SUNSETS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2903 SALZEDO STREET 3850 BIRD ROAD

CORAL GABLES, FL 33134 PH-1

CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

2903 SALZEDO STREET 3850 BIRD ROAD

CORAL GABLES, FL 33134 PH-1

CORAL GABLES, FL 33146

FEI Number: 20-8879271 FEI Number Applied For () 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:

ROQUE, ANDRES
2903 SALZEDO STREET
ROQUE, ANDRES
3850 BIRD ROAD

CORAL GABLES, FL 33134 US PH-1

CORAL GABLES, FL 33146 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: 06/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP () Delete Title: DP (X) Change () Addition

 Name:
 ROQUE, ANDRES
 Name:
 ROQUE, ANDRES

 Address:
 2903 SALZEDO STREET
 Address:
 3850 BIRD ROAD PH-1

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 CORAL GABLES, FL 33146

Title: DVP () Delete Title: DVP (X) Change () Addition

 Name:
 PEREZ, MARITZA
 Name:
 PEREZ, MARITZA

 Address:
 2903 SALZEDO STREET
 Address:
 3850 BIRD ROAD PH-1

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 CORAL GABLES, FL 33146

Title: DST () Delete Title: DST (X) Change () Addition

Name:GALCERAN, GILBERTOName:GALCERAN, GILBERTOAddress:2903 SALZEDO STREETAddress:3850 BIRD ROAD PH-1City-St-Zip:CORAL GABLES, FL 33134City-St-Zip:CORAL GABLES, FL 33146

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: ANDRES ROQUE DP 06/17/2009