

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004120

FILED
Mar 14, 2009
Secretary of State

Entity Name: SUNSET ACRES ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16 DREW DR
VENUS, FL 33960

New Principal Place of Business:

Current Mailing Address:

16 DREW DR
VENUS, FL 33960

New Mailing Address:

FEI Number: 26-2551307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM J. NIELANDER, P.A.
172 E INTERLAKE BLVD
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: ALVAREZ, JOSE L
Address: 691 W 24TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: VD () Delete
Name: BORBOLLA, JOSE L
Address: 12520 SW 37TH TERR
City-St-Zip: MIAMI, FL 33175

Title: TD () Delete
Name: ARISTIZABAL, RAMIRO
Address: 16 DREW DR
City-St-Zip: VENUS, FL 33960

Title: SD () Delete
Name: BERNSTEIN, LINDA
Address: 8930 STATE RD 84
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: MASON, HENRY
Address: 1222 WILDFLOWER ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: WINKELMAN, JOSEPH
Address: 1060 US HIGHWAY 1 SW
City-St-Zip: VERO BEACH, FL 32962

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:

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

Title: () Change () Addition
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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: RAMIRO ARISTIZABAL

TD

03/14/2009

Electronic Signature of Signing Officer or Director

Date