

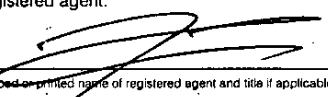
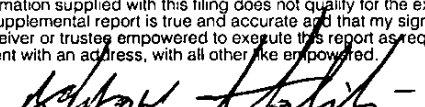


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90101 011 \*\*\*\*61.25

<b>DOCUMENT # N09128</b> 1. Entity Name <b>SUNSET CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1096 SUNSET STRIP SUNRISE, FL 33313</b>				Mailing Address <b>1096 SUNSET STRIP SUNRISE, FL 33313</b>	
2. Principal Place of Business <b>2506 Aqua Vista Boulevard</b> Suite, Apt. #, etc.		3. Mailing Address <b>2506 Aqua Vista Boulevard</b> Suite, Apt. #, etc.			
City & State <b>Ft Lauderdale FL</b>		City & State <b>Ft Lauderdale, FL</b>		4. FEI Number <b>65-0027952</b>	
Zip <b>33301</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRIFFITH, W.R. 1096 SUNSET STRIP SUNRISE, FL 33313</b>				7. Name and Address of New Registered Agent Name <b>Mark J. Lynn, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>2101 W Commercial Blvd Suite 2800</b> City <b>Ft Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>	
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 		<b>Mark J. Lynn</b>		<b>3/28/05</b> DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEARY, WILLIAM W JR 1096 SUNSET STRIP SUNRISE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Habibi, Bahram 2506 Aqua Vista Boulevard Ft Lauderdale, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIFFITH, W R 1096 SUNSET STRIP SUNRISE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Debbie Habibi 2506 Aqua Vista Boulevard Ft Lauderdale, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, BARBARA 1096 SUNSET STRIP SUNRISE, FL	<input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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: 			<b>3-28-05</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		