


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N10992		
1. Entity Name SUNSET PALMETTO PARK, PHASE I, CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 7460 SW 130TH ST. PINECREST, FL 33156	Mailing Address 7460 SW 130TH ST. PINECREST, FL 33156	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PARKS, LARRY D ESQ. 7460 SW 130TH ST. PINECREST, FL 33156		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SIMMONS, JOSPEH 6848 NW 77 CT MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAN KEUNG, TAM 6848 NW 77 CT MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CELLI, ISABEL 6848 NW 77 CT MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>J. Simmons</u> J. Simmons <u>04-26-06</u> <u>305-594-7571</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1115759	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

U000000537164
05/09/06-80007-008 70.00

**DO NOT WRITE
IN THIS SPACE**