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FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16541 (7)
 1. Corporation Name
SUNSET ACRES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: **6861 Sunrise Ct. Coral Gables, FL. 33133**
 Mailing Address: **P. O. Box 654206 Miami, Florida 33265-4206**

3. Date Incorporated or Qualified: **07/24/1986**
 4. FEI Number: **65-0065999**
 Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **6861 Sunrise Ct.**
 2a. Mailing Address: **P. O. Box 654206**
 Suite, Apt. #, etc.:
 City & State: **Coral Gables, FL**
 City & State: **Miami, Florida**
 Zip: **33133** Country: **Dade**
 Zip: **33265-4206** Country: **Dade**

9. Name and Address of Current Registered Agent
SOSA, HECTOR V.
6861 Sunrise Ct.
Coral Gables, FL 33133

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0592 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.
 SIGNATURE: **Hector V. Sosa, President** DATE: **04/27/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Sosa, Hector	
STREET ADDRESS	6861 Sunrise Ct.	
CITY-ST-ZIP	Coral Gables, FL 33133	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	Ruiz, Rafael E.	
STREET ADDRESS	3281 S.W. 18 Terrace	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	A/S/D	<input type="checkbox"/> DELETE
NAME	Silva, Fernando	
STREET ADDRESS	9620 S.W. 77 Street	
CITY-ST-ZIP	Miami, Florida 33173	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Villalobos, Carlos	
STREET ADDRESS	4021 N.W. 60 Avenue	
CITY-ST-ZIP	Virginia Gardens, FL 33166	
TITLE	A/T/D	<input type="checkbox"/> DELETE
NAME	Romero, Orestes	
STREET ADDRESS	1311 S.W. 126 Place	
CITY-ST-ZIP	Miami, Florida 33184	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/D Silva, Fernando
3.3 STREET ADDRESS	9350 S.W. 92 Avenue
3.4 CITY-ST-ZIP	Miami, Florida 33176
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: **Carlos J. Villalobos, Treasurer** DATE: **04/27/98** (305) 552-1293
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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