


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90005 012 ****61.25

DOCUMENT # N16541

1. Entity Name
SUNSET ACRES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**3281 SW 18 TERR
 MIAMI, FL 33145 US**

Mailing Address
**PO BOX 654206
 MIAMI, FL 33265-4206 US**

54063189

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



07012004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0065999 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MACIAS, LUIS E
 10750 NW 66TH STREET
 APT 103B
 MIAMI, FL 33178**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	NAME RUIZ, RAFAEZ E STREET ADDRESS 3281 SW 18 TERR CITY-ST-ZIP MIAMI, FL 33145	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS <input type="checkbox"/> Delete	NAME SILVA, FERNANDO STREET ADDRESS 9350 SW 92 AVENUE CITY-ST-ZIP MIAMI, FL 33176	TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD <input checked="" type="checkbox"/> Delete	NAME SIRVEN, GUSTAVO STREET ADDRESS 13955 SW 107 TERR CITY-ST-ZIP MIAMI, FL 331863146	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD <input type="checkbox"/> Delete	NAME VILLALOBOS, CARLOS STREET ADDRESS 4021 N.W. 60 AVENUE CITY-ST-ZIP VIRGINIA GARDENS, FL 33166	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD <input type="checkbox"/> Delete	NAME MACIAS, LUIS STREET ADDRESS 10750 NW 66 ST APT 103B CITY-ST-ZIP MIAMI, FL 33178	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD <input type="checkbox"/> Delete	NAME HAUBER, RICHARD STREET ADDRESS 128 MANGROVE LANE CITY-ST-ZIP TAVERNIER, FL 33070	TITLE <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: *Luis E. Macias* **LUIS E. MACIAS** 7/15/04 305-552-1293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #