2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N16541

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90983 045 ****61.25

1. Entity Nam SUNSET INC.		PROPERTY O	WNERS A	SSOCIATION,	ı				 .		~~~		
Principal Place of Business 3281-SW-18-TERR MIAMI, FL- 33145US-			PO 6	Mailing Address PO BOX 654206 MIAMI, FL 33265-4206 US									
2. Principal Place of Business 12.8 Managerous Jane													
128 Mangrove Lane Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04262005	Chg-N	IP	CR2E03	7 (10/03)	
City & State Tavernier Florida			Ci	City & State				4. FEI Number 65-0065999					oplied For ot Applicable
Zip Country 33070 U.S.A			Zi	Zip Cou			Certificate of Status Desired						
	6. Name	and Address of Cu	rrent Registen	ed Agent		Namo		7. Name and			egistered A	gent	
MACIAS, I	UIS E							as, Lu					
40750-NW-66TH STREET APPT03B MIAMI, FL-33178-					Street Address (P. & Lear Number in Noth Scholable)								
MIPWIT, 1-12	- 99170-					City r	Tave	rnier			FL	Zig God	0 70
the obligat	named entitions of regist	~~	nent for the purp			ed office or	_	-	th, in the S	State of Flo		amiliar with,	•
SIGNATURE	Signature, typed	or printed name of registered	d agent and title if ap	plicable. (NOTE	: Registere	id Agent signati.	ure required	when reinstating)			DATE		
		e is \$61.25 Nay 1, 2005		9. Election Carr Trust Fund C				\$5.00 May B Added to Fees			ake check Ida Depart		
10.	Due by N	May 1, 2005	ND DIRECTORS	Trust Fund C	ontribut	tion.	<u>U</u>			Flor	lda Depart	ment of S	tate
TITLE	Due by N	OFFICERS AN	ND DIRECTORS	Trust Fund C	11.	tion.	<u>U</u>	Added to Fees		Flor	lda Depart	ment of S	tate
 	Due by N	Aay 1, 2005 OFFICERS AN	ND DIRECTORS	Trust Fund C	11.	tion.	<u>U</u>	Added to Fees		Flor	lda Depart	ment of S	tate
TITLE NAME	Due by N D RUIZ, RA	OFFICERS AN FAEZ E 18 TERR	ND DIRECTORS	Trust Fund C	11.	tion.	<u>U</u>	Added to Fees		Flor	lda Depart	ment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by N RUIZ, RA 3281 SW MIAMI, FL S	OFFICERS AN OFFICERS AN FAEZ E 18 TERR . 33145	ND DIRECTORS	Trust Fund C	11. TITL NAM STRI CITY	E IE EET ADDRESS (~ST-ZIP	<u>U</u>	Added to Fees		Flor	lda Depart	ment of S	tate
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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:

Fris 6. Where Lu:

Luis E. Macias

305-552-1293

Daytime Phone #