

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N16541 1. Entity Name SUNSET ACRES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 3281 SW 18 TERR -- MIAMI, FL 33146 -- US --			Mailing Address PO BOX 654206 MIAMI, FL 33265-4206 US		
2. Principal Place of Business 128 Mangrove Lane		3. Mailing Address Suite, Apt. #, etc.			
City & State Tavernier Florida		City & State		4. FEI Number 65-0065999	
Zip 33070		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$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 Macias, Luis E. Street Address (P.O. Box Number is Not Acceptable) 131 Starfish Lane City Tavernier FL Zip Code 33070		
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 <i>Luis E Macias</i>		Luis E. Macias		04/28/05	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, RAFAEZ E 3281 SW 18 TERR MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVA, FERNANDO 9350 SW 92 AVENUE MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VILLALOBOS, CARLOS 4021 N.W. 60 AVENUE VIRGINIA GARDENS, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACIAS, LUIS 10750-NW-66 ST-APT 103B MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Macias, Luis E. 131 Starfish Lane Tavernier, FL 33070	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUBER, RICHARD 128 MANGROVE LANE TAVERNIER, FL 33070		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: <i>Luis E Macias</i>		Luis E. Macias		305-552-1293	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					