


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

**FILED**  
**Sep 12, 2006 8:00 am**  
**Secretary of State**

09-12-2006 90010 045 \*\*\*\*61.25

<b>DOCUMENT # N16541</b>			
1. Entity Name SUNSET ACRES PROPERTY OWNERS ASSOCIATION, INC.		Principal Place of Business 128 MANGROVE LANE TAVERNIER, FL 33070 US	
Mailing Address PO BOX 654206 MIAMI, FL 33265-4206 US		60038756	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07132006		Chg-NP	
CR2E037 (4/06)		4. FEI Number 65-0065999	
Applied For		Not Applicable	
5. Certificate of Status Desired. <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
MACIAS, LUIS E 131 STARFISH LANE TAVERNIER, FL 33070		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, RAFAEZ E	NAME	
STREET ADDRESS	3281 SW 18 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, FERNANDO	NAME	
STREET ADDRESS	9350 SW 92 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLALOBOS, CARLOS	NAME	
STREET ADDRESS	4021 N.W. 60 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACIAS, LUIS	NAME	
STREET ADDRESS	131 STARFISH LANE	STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER, FL 33070	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUBER, RICHARD	NAME	
STREET ADDRESS	128 MANGROVE LANE	STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER, FL 33070	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>Luis E. Macias</u>		Date: <u>Sept. 6, 2006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>305 552 1293</u>	