


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N16541

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

DO NOT WRITE IN THIS SPACE



09022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0065999	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MACIAS, LUIS E
131 STARFISH LANE
TAVERNIER, FL 33070

DO NOT WRITE IN THIS SPACE

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 12, 2008

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

10. OFFICERS AND DIRECTORS

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	S SILVA, FERNANDO 9350 SW 92 AVENUE MIAMI, FL 33176
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	TD MACIAS, LUIS 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	

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 09/10/08-80003-014 61.25

DO NOT WRITE IN THIS SPACE

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: *Luis E Macias* **Luis E. Macias** **09/10/08** **305-552-1364**

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