

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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



09022008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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	D
NAME	RUIZ, RAFAEZ E
STREET ADDRESS	3281 SW 18 TERR
CITY - ST - ZIP	MIAMI, FL 33145
TITLE	S
NAME	SILVA, FERNANDO
STREET ADDRESS	9350 SW 92 AVENUE
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	VTD
NAME	VILLALOBOS, CARLOS
STREET ADDRESS	4021 N.W. 60 AVENUE
CITY - ST - ZIP	VIRGINIA GARDENS, FL 33166
TITLE	TD
NAME	MACIAS, LUIS
STREET ADDRESS	131 STARFISH LANE
CITY - ST - ZIP	TAVERNIER, FL 33070
TITLE	PD
NAME	HAUBER, RICHARD
STREET ADDRESS	128 MANGROVE LANE
CITY - ST - ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000959413  
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 09/05/08 305-552-1364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #