FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17108 (4)

1. Corporation Name

SUNNY GARDENS ESTATES HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
P.O. BOX 0388 MIAMI FL 33257-0388	P.O. BOX 0388 MIAMI FL 33257-0388

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0026632 — Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

SMITH VALERIE
11222 S.W. 154 TERR.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☐ Addition
NAME	RAVELO, ELOY	12 NAME	GLORIA PATRICIA ROJAS
STREET ADDRESS	15434 SW 112 PLACE	13 STREET ADDRESS	11273 SW 155TH LN
CITY-ST-ZIP	MIAMI FL 33157	14 CITY-ST-ZIP	MIAMI FL 33157-1166
TITLE	EMELINA GONZALEZ TREAS.	21 TITLE	☐ Change ☐ Addition
NAME	15419 SW 112TH PL	22 NAME	
STREET ADDRESS	MIAMI FL 33157-1172	23 STREET ADDRESS	800001483138
CITY-ST-ZIP		24 CITY-ST-ZIP	-05/10/95--01094--017 *****70.00 *****70.00
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, VALERIE	32 NAME	800001483138
STREET ADDRESS	11222 S.W. 154TH TERR.	33 STREET ADDRESS	-05/10/95--01094--018
CITY-ST-ZIP	MIAMI FL 33157	34 CITY-ST-ZIP	*****68.75 *****68.75
TITLE	CROMWELL DOWNS, PRES.	41 TITLE	☐ Change ☐ Addition
NAME	11298 SW 155TH LN	42 NAME	5/1/95 mst
STREET ADDRESS	MIAMI FL 33157-1165	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ALFREDO MUNOZ	52 NAME	
STREET ADDRESS	11261 SW 155TH LN	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157-1166	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PINEDA, JOSE	62 NAME	
STREET ADDRESS	11277 S.W. 155TH LANE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Valerie Smith 4/10/95 (305)234-6136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VALERIE SMITH, SECRETARY

0072062