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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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~~

3. Date Incorporated or Qualified: 10/03/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Guarantee Management Serv.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 111 Fontainebleau Blvd.
City & State 23	City & State 28 Miami, FL
Zip 24 / Country 25	Zip 29 33172 / Country 30 ~~Dade~~ USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: Guarantee Management Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 111 Fontainebleau Boulevard
83
84 City: Miami **FL** 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: John J. Feeley John Feeley, Agent 4/19/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAVELO, ELOY 15434 SW 112 PLACE MIAMI FL 33157	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VPD Ravelo, Eloy	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GONZALEZ, EMELINA 15419 SW 112TH PL. MIAMI FL 33157-1172	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, VALRIE 11222 S.W. 154TH TERR. MIAMI FL 33157	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Selena Ravelo 15434 SW 112 Place Miami, FL 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOWNS, CROMWELL 11298 SW 155TH LN. MIAMI FL 33157-1165	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNOZ, ALFREDO 11261 SW 155TH LN. MIAMI FL 33157	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Gloria Patricia Rojas 11273 SW 155 Lane Miami, FL 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINEDA, JOSE 11277 S.W. 155TH LANE MIAMI FL 33157	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Angel Ralat 15435 SW 112 Place Miami, FL 33157	☐ Change ☒ Addition

CR2E037 (12/95)

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: Eloy Ravelo Eloy Ravelo 4/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #