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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	C/O GUARANTEE MANAGEMENT SERV 111 FONTAINEBLEAU BLVD MIAMI FL 33172-4507 US

3. Date Incorporated or Qualified: 10/03/1986
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21: 18495 South Dixie Hwy. #266
Suite, Apt. #, etc.
22: miami, FL.
City & State
23:
Zip 24: 33157 Country 25: Dade

2a. Mailing Address
26: 18495 South Dixie Hyw.
Suite, Apt. #, etc.
27: # 266
City & State
28: miami, FL.
Zip 29: 33157 Country 30: Dade

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

GUARANTEE MANAGEMENT SERVICES INC
111 FONTAINEBLEAU BLVD
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: CELINA RAVELO
82 Street Address (P.O. Box Number is Not Acceptable): 18495 South Dixie Hwy. #266
83:
84 City: miami FL 85 Zip Code: 33157

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: Celina Ravelo · (CELINA RAVELO) Assistant Treasurer 3-03-97
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	VPD	☐ DELETE	Director	☐ Change ☒ Addition
NAME	RAVELO, ELOY		RALAT, Carmen	
STREET ADDRESS	15434 SW 112 PLACE		15435 S.W 112 Place	
CITY-ST-ZIP	MIAMI FL		miami, FL. 33157	
TITLE	T	☐ DELETE	Director	☐ Change ☒ Addition
NAME	GONZALEZ, EMELINA		Rosemary Sagastume.	
STREET ADDRESS	15419 SW 112TH PL.		11241 S.W 152 Terrace	
CITY-ST-ZIP	MIAMI FL 33157-1172		miami, FL 33157	
TITLE	SD	☐ DELETE		☐ Change ☐ Addition
NAME	RAVELO, SELENA			
STREET ADDRESS	15434 SW 112 PLACE			
CITY-ST-ZIP	MIAMI FL			
TITLE	P	☐ DELETE		☐ Change ☐ Addition
NAME	DOWNS, CROMWELL			
STREET ADDRESS	11298 SW 155TH LN.			
CITY-ST-ZIP	MIAMI FL 33157-1165			
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	ROJAS, GLORIA PATRICI			
STREET ADDRESS	11273 SW 155 LANE			
CITY-ST-ZIP	MIAMI FL			
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	RALAT, ANGEL			
STREET ADDRESS	15435 SW 112 PLACE			
CITY-ST-ZIP	MIAMI FL			

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Celina Ravelo · CELINA RAVELO 3-03-97 (305) 254-9507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032518