FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State
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DOCUMENT # N17108

1. Corporation Name

SUNNY GARDENS Estates H.O.A.

Principal Place of Business	Mailing Address
15311 S.W. 112 CT. Miami Fl. 33157	Sunny Gardens Estates H.O.A. P.O. Box 97-1944 Miami Fl. 33197-1944

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 SAME ABOVE	26 SAME	10-03-1986.
Suite, Apt. #, etc. 22 SAME	Suite, Apt. #, etc. 27 SAME	4. FEI Number 65-0026632 ☐ Applied For ☐ Not Applicable
City & State 23 SAME	City & State 28 SAME	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUNNY GARDENS ESTATES H.O.A P.O. BOX 97-1944 Miami Fl 33197-1944.	81 Name: Annette Guzman 82 Street Address (P.O. Box Number is Not Acceptable): 11237 SW 153 ter 83 Miami Fl 84 City 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: (Annette Guzman) Assistant Treasurer 7-1-99
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	Alfredo Muñoz VPD 11261 SW 155 LN Miami Fl 33157. ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	GUSTAVO ROCHE PRESIDENT 11237 SW 153 TER Miami Fl 33157. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOWNS, Cromwell PRESIDENT 11298-155 LN Miami Fl 33157. ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VIRGIL-FAWCETT LISETTE SECRETARY 15241-112 Ct Miami Fl 33157 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RALAT, CARMEN SECRETARY 15435 S.W 112 PLACE Miami Fl 33157 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANNETTE GUZMAN TRESURER 11237 SW 153ter Miami Fl 33157. ☐ 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	GLORIA PATRICIA ROJAS DIRECTOR 11273 SW 155 LANE Miami Fl 33157. ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAIME CIFUENTES DIRECTOR 15412 SW. 112 PL. Miami Fl 33157 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Gus Roche. President 7/1/99 (305) 255-0637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #