

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

07-13-1999 90010 003 ****61.25

DOCUMENT # N17108 ✓

1. Corporation Name

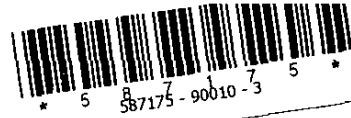
SUNNY GARDENS Estates H.O.A.

Principal Place of Business

15311 S.W. 112 CT.
Miami Fl. 33157

Mailing Address

Sunny GARDENS Estates
H.O.A.
P.O. Box 97-1944
Miami Fl. 33197-1944



2. Principal Place of Business

21 SAME ABOVE

2a. Mailing Address

26 SAME

3. Date Incorporated or Qualified

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. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SUNNY GARDENS ESTATES H.O.A.
P.O. BOX 97-1944
Miami Fl 33197-1944.

10. Name and Address of New Registered Agent

81 Name

Annette Guzman

82 Street Address (P.O. Box Number is Not Acceptable)

11237 SW 153 Ter
Miami Fl

83

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* (Annette Guzman) Association 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Alfredo Muñoz VPD X DELETE
11261 SW 155 LN
Miami Fl 33157.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DOWNS, Cromwell X DELETE
PRESIDENT
11298-155 LN
Miami Fl 33157.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
RALAT, CARMEN X DELETE
SECRETARY
15435 S.W. 112 PLACE
Miami Fl 33157

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ANNETTE GUZMAN X DELETE
TRESURER
11237 SW 153 Ter
Miami Fl 33157.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
GLORIA PATRICIA ROJAS X DELETE
DIRECTOR
11273 SW 155 LANE
Miami Fl 33157.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
JAIME CIFUENTES X DELETE
DIRECTOR
15412 SW 112 PL.
Miami Fl 33157

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
GUSTAVO ROCHE X Change X Addition
PRESIDENT
11237 SW 153 TER
Miami Fl 33157.

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
VIRGIL-FAWCETT LISETTE X Change X Addition
SECRETARY
15241-112 Ct Miami Fl 33157

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
X Change X Addition

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
X Change X Addition

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
X Change X Addition

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
X Change X Addition

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 #

CR2E037 (11/98)