

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17108

FILED  
May 07, 2009  
Secretary of State

**Entity Name:** SUNNY GARDENS ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

15311 SW 112 CT  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

SUNNY GARDENS ESTATES H.O.A.  
PO BOX 97-1944  
MIAMI, FL 331971944 US

**New Mailing Address:**

**FEI Number:** 65-0026632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROCHE, GUSTAVO  
11237 SW 153 TERRACE  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: ROCHE, GUSTAVO  
Address: 11237 SW 153 TER  
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete  
Name: RODRIGUEZ, MARIA  
Address: 15214 SW 112 CT.  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: PELAEZ, GONZALO  
Address: 15220 SW 112 PL  
City-St-Zip: MIAMI, FL 33157

Title: VD ( ) Delete  
Name: CIFUENTES, JAIME  
Address: 15412 SW 112 PL  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: ROIAS, EUGENIO  
Address: 11270 SW 155 LANE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO E ROCHE

PD

05/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date