

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 15, 2010
Secretary of State

DOCUMENT# N17108

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 ()****Name and Address of Current Registered Agent:**ROJAS, PATRICIA
11273 SW 155 LANE
MIAMI, FL 33157 US**Name and Address of New Registered Agent:**ROJAS, GLORIA-PATRICI
11273 SW 155 LANE
MIAMI, FL 33157 US

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: GLORIA P. ROJAS

05/15/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PRES
Name: PINEDA, ANA
Address: 15211 SW 112 PL
City-St-Zip: MIAMI, FL 33157**Title:** VP
Name: ROCHE, GUSTAVO
Address: 11237 SW 153 TERRACE
City-St-Zip: MIAMI, FL 33157**Title:** TRES
Name: ROJAS, GLORIA-PATRICI
Address: 11273 SW 155 LN
City-St-Zip: MIAMI, FL 33157**Title:** D
Name: CIFUENTES, JAIME
Address: 15412 SW 112 PL
City-St-Zip: MIAMI, FL 33157**Title:** SD
Name: PIRSON, YUIEN-CHIN
Address: 15341 SW 112 PLACE
City-St-Zip: MIAMI, FL 33157**Title:** D
Name: RODRIGUEZ, MARIA
Address: 15214 SW 112 CT
City-St-Zip: MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: GLORIA P. ROJAS

TRES

05/15/2010

Electronic Signature of Signing Officer or Director_____
Date