## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N17108**

1. Entity Name

SIGNATURE:

SUNNY GARDENS ESTATES HOMEOWNERS' ASSOCIATION, I



**FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 91420 030 \*\*\*\*61.25

| NC.  |  |                             |  |                                   |   | /   |  |  |  |
|--|--|-----------------------------|--|-----------------------------------|---|---|--|--|--|
| Principal Piace of Business<br>15311 SW 112 CT<br>MIAMI FL 33157<br>US |  |                             | Mailing Address SUNNY GARDENS ESTATES H.O.A. PO BOX 97-1944 MIAMI FL 33197-1944 US |                                   |   | 1 / 8 8 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /   | II 1880 II II 8010 II II 8010 II II 8  | 11 <b>11 11 11 11 11 11 11 11 11 11 11 11 </b>       |  |
| 2. Principal Place of Business   |  |                             | 3. Mailing Address   |                                   |   |   |  |  |  |
| Suite, Apt. #, etc.  |  |                             | Suite, Apt. #, etc.  |                                   |   | CHECK HERE IF MAKING CHANGES  |  |  |  |
| City & State   |  |                             | ity & State  |                                   |   | 4. FEi Number 65-0026632 Applied For Not Applicable                                 |  |  |  |
| Zip Country  |  |                             | p  | Cour                              | ntry  | 5. Certificate of Sta   | atus Desired   | \$8.75 Add   | ditional                                 |
|  | 6. Name and Address of Curre   | nt Register                 | ed Agent   |                                   | 7. Name and Address of New Registered Agent                               |   |  |  |  |
| ROCHE, GUS<br>11237 SOUTHWEST 153RD TERRACE<br>MIAMI FL 33157          |  |                             |  |                                   | Name  Street Address (P.O. Box Number is NoyAcceptable)  City FL Zip Code |   |  |  |  |
|  | e named entity submits this statement<br>tions of registered agent.  Gustavo E  Stgnature, typed or printed name of registered agent                             | , Ro                        | CHE  | 6                                 | d office or regist  | che'  |  |  | and accept                               |
| FILE NOW: FEE IS \$61.25   |  |                             | 9. Election Campaign Fina Trust Fund Contribution.                                 |                                   |   | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State       |  |  |  |
| 10.  | OFFICERS AND   | DIRECTORS                   | 3  | 11.                               |   | ADDITIONS/CHANGE  | S TO OFFICERS AND D  | RECTORS IN   | 10                                       |
| TITLE  | ROCHE, GUS<br>11237 SW 153 TER<br>MIAMI FL 33157   | CHE, GUS<br>37 SW 153 TER   |  |                                   | TADDRESS<br>ST-ZIP  |   | E To an above section of   | ☐ Change   | ☐ Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  | MARADIAGA, WILMER 15218 SOUTHWEST 112TH COURT MIAMI FL 33157 SVD   |                             | ☐ Delete   | TITLE<br>NAME<br>STREE<br>CITY-5  | r address<br>St-zip   |   |  | ☐ Change   | ☐ Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |  |                             | ☐ Delete   | TITLE NAME STREE                  | r address<br>St-zip   |   |  | Change   | ☐ Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         |  |                             | ☐ Delete   | TITLE<br>NAME<br>STREET<br>CITY-S | TADDRESS<br>ST-ZIP  |   |  | ☐ Change   | Addition                                 |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | D  |                             | ☐ Delete   | TITLE NAME STREET CITY-S          | ADDRESS<br>ST-ZIP   |   |  | ☐ Change   | Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | D<br>RODRIGUEZ, MARIA<br>15214 SW 112 COURT<br>MIAMI FL 33157  |                             | ☐ Delete   | TITLE<br>NAME<br>STREET<br>CITY-S | ADORESS<br>ST-ZIP   |   |  | ☐ Change   | Addition                                 |
| indicated<br>of the cor  | certify that the information supplied w<br>on this report or supplemental repor<br>poration or the receiver or trustee em<br>or on an attachment with an address | t is true and<br>powered to | accurate and that nexecute this report   | ny signatu<br>as regair           | ption stated in S<br>cochall have the<br>d by Chapter 6                   | Section 119.07(3)(i), Flo<br>e same legal effect as if<br>17, Florida Statutes; and | rida Statutes. I further ce<br>made under oath; that I<br>d that my name appears | rtify that the ir<br>am an officer<br>in Block 10 or | nformation<br>or director<br>Block 11 if |