


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90084 006 \*\*\*\*70.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N22038</b><br>1. Entity Name<br><b>SUNSET PALMETTO PARK, PHASE II, CONDOMINIUM ASSOCIATION, INC.</b>   |  |   |   |    |  |
| Principal Place of Business<br>7460 SW 130TH STREET<br>MIAMI, FL 33156   |  |   |   | Mailing Address<br>7460 SW 130TH STREET<br>MIAMI, FL 33156  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>65-1114717</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PARKS, LARRY D ESQ.</b><br><b>7460 SW 130TH STREET</b><br><b>MIAMI, FL 33156</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |   |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>  |  |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE  | DP<br>SIMMONS, SYLVIA <input type="checkbox"/> Delete          |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | SIMMONS, SYLVIA  |   | NAME  |   |  |
| STREET ADDRESS   | 6820 NW 77TH COURT   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33166  |   | CITY-ST-ZIP   |   |  |
| TITLE  | DVP<br>SIMMONS, MICHAEL <input type="checkbox"/> Delete        |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | SIMMONS, MICHAEL   |   | NAME  |   |  |
| STREET ADDRESS   | 6820 NW 77 CT  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33166  |   | CITY-ST-ZIP   |   |  |
| TITLE  | DS<br>BARRIOS, ENRIQUE <input type="checkbox"/> Delete         |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | BARRIOS, ENRIQUE   |   | NAME  |   |  |
| STREET ADDRESS   | 6820 NW 77 COURT   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33166  |   | CITY-ST-ZIP   |   |  |
| TITLE  | DT<br>DIAZ-SULVIERA, ALBERTO C <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | DIAZ-SULVIERA, ALBERTO C                                       |   | NAME  |   |  |
| STREET ADDRESS   | 6820 NW 77 CT  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33166  |   | CITY-ST-ZIP   |   |  |
| TITLE  | D<br>CALAFELL, BENNY <input type="checkbox"/> Delete           |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | CALAFELL, BENNY  |   | NAME  |   |  |
| STREET ADDRESS   | 6820 NW 77 CT  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33166  |   | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete                                |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |  |   | NAME  |   |  |
| STREET ADDRESS   |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |   | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |  |
| <b>SIGNATURE:</b> <u><i>S. Simmons</i></u> <u>4-12-07</u> <u>305-594-7521</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |   |  |