


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90111 027 \*\*\*\*61.25

<b>DOCUMENT # N27012</b>	
1. Entity Name <b>SUNSET BEACH CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>4025 INDIAN CREEK DR 4025 INDIAN CREEK DRIVE MIAMI FL 33140</b>	Mailing Address <b>4025 INDIAN CREEK DR 4025 INDIAN CREEK DRIVE MIAMI FL 33140</b>
---	---

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>65-0130482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PERZOFF, LYDIA 4025 INDIAN CREEK DRIVE 103 MIAMI BEACH FL 33140</b>	7. Name and Address of New Registered Agent Name <b>Madelen Valiente</b> Street Address (P.O. Box Number is Not Acceptable) <b>4025 Indian Creek Drive</b> <b>302</b> City <b>Miami Beach</b> FL Zip Code <b>33140</b>
---	--

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 Madelen L. Valiente DATE 3/15/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALIENTE, MADELEN L 4025 INDIAN CREEK DR. #302 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MADELEN L. Valiente <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4025 Indian Creek Drive (Apt. 302) Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERZOFF, LYDIA 4025 INDIAN CREEK DR #103 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT MARCO CAMPUSANO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4025 Indian Creek Drive (Apt. 206) Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SACERIO, MIGUEL 4025 INDIAN CREEK DR. #106 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IPORRE, PAUL 4025 INDIAN CREEK DR. #205 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAUL IPORRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4025 Indian Creek Drive (Apt. 205) Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTOCK, YEHUA 564 WYTHE AVE. #8C BROOKLYN NY 11211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: Madelen L. Valiente DATE 3/15/05 TELEPHONE # 786-514-0306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR