## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jun 02, 2008 08:00 AM Secretary of State DOCUMENT # N27012 SUNSET BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4025 INDIAN CREEK DR 4025 INDIAN CREEK DRIVE 4025 INDIAN CREEK DR 4025 INDIAN CREEK DRIVE MIAMI FL 33140 MIAMI FL 33140 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0130482 Not Applicable Ζip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALIENTE, MADELEN Street Address (P.O. Box Number is Not Acceptable) 4025 INDIAN CREEK DRIVE 302 MIAMI BEACH FL 33140 Zip Code 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 Signature, lyped or printed name of registered agent and title if approache. DATE (NOTE: Beg-stered Agent signature required when reinstating) COLUMN CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete Change ☐ Addition VALIENTE, MADELEN L NAME U00000952654 4025 INDIAN CREEK DR. #302 06/04/08-80088-019 61.25 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change ☐ Addition PAUL, IPORRE NAME 4025 INDIAN CREEK DR #205 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY - ST-ZIP CITY-SI-ZIP Delete TITLE ☐ Change ☐ Addition CAMPUZANO, MARCO NAME NAME 4025 INDIAN CREEK DR. #206 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Dalete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

GNATURE:

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SIGNATURE:

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