


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90148 005 ****61.25

DOCUMENT # N31505					
1. Entity Name SUNSET SPRINGS MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business % GABLES PROPERTY MANAGEMENT INC 3300 CORPORATE AVENUE STE 110 WESTON, FL 33331			Mailing Address % GABLES PROPERTY MANAGEMENT INC 3300 CORPORATE AVENUE STE 110 WESTON, FL 33331		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0107022	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSEN, HARRY M ESQ. 2500 WESTON ROAD SUITE 220 WESTON, FL 33331				Name <i>Bakalar & Eichner, P.A.</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>150 S. Pine Island Road</i>	
				City <i>Plantation</i>	
				FL	Zip Code <i>33324-2169</i>
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 <i>BAKALAR & EICHNER, P.A.</i>				DATE <i>4/5/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, RICHARD	NAME			
STREET ADDRESS	3300 CORPORATE AVE #110	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENNA, MYRA	NAME			
STREET ADDRESS	3300 CORPORATE AVE #110	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANG, JEFF	NAME			
STREET ADDRESS	3300 CORPORATE AVE #110	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LITTLEJOHN, ERIC	NAME			
STREET ADDRESS	844 HAMPTON COURT	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORAY, DWAIN	NAME			
STREET ADDRESS	3300 CORPORATE AVE #110	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARBE, EDWARD	NAME			
STREET ADDRESS	3300 CORPORATE AVE #110	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
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: <i>[Signature]</i>				Date: <i>3/8/05</i> Daytime Phone #: <i>954 944 8888</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					