

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90030 012 \*\*\*\*61.25

**DOCUMENT # N35994**

1. Entity Name

SUNNY ISLES BEACH RESORT ASSOCIATION, INC.



Principal Place of Business

17070 COLLINS AVENUE  
SUITE 266B  
SUNY ISLES FL 33160-1126

Mailing Address

17070 COLLINS AVENUE  
SUITE 266B  
SUNY ISLES FL 33160-1126

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

65-0169426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONE, BILL  
17070 COLLINS AVENUE  
SUITE 266B  
SUNNY ISLES BEACH FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LUCAS, ROBERT ☒ Delete  
STREET ADDRESS 17040 COLLINS AVE STE 266 B  
CITY-ST-ZIP SUNNY ISLES FL 33160-1126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME CHERNOV, ARTHUR ☐ Delete  
STREET ADDRESS 17070 COLLINS AVE STE 266 B  
CITY-ST-ZIP SUNNY ISLES FL 33160-1126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ED  
NAME LONE, WILLIAM F ☐ Delete  
STREET ADDRESS 17070 COLLINS AVE STE 266B  
CITY-ST-ZIP SUNNY ISLES FL 33160-1126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME LESNICK, STEVE ☐ Delete  
STREET ADDRESS 17070 COLLINS STE 266 B  
CITY-ST-ZIP SUNNY ISLES FL 33160-1120

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME Bill Cox ☐ Change ☒ Addition  
STREET ADDRESS 17070 COLLINS AVENUE STE 266B  
CITY-ST-ZIP Sunny Isles FL 33160-1120

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3, 2004

Date

305.947.5826

Daytime Phone #