2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90041 002 ****75.00

DOCUMENT # N35994

1. Entity Name
SUNNY ISLES BEACH RESORT ASSOCIATION, INC.

400002049

Principal Place of Business	Mailing Address
17070 COLLINS AVENUE SUITE 266B SUNY ISLES, FL 33160-1126	17070 COLLINS AVENUE SUITE 266B SUNY ISLES, FL 33160-1126

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
16701 Collins Avenue	16701 Collins Avenue
Suite, ~~Apt. #, etc.~~ 219	Suite, ~~Apt. #, etc.~~ 219
City & State: Sunny Isles Beach, Fl	City & State: Sunny Isles Beach, Fl
Zip: 33160 Country: Dade	Zip: 33160 Country: Dade

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: Bill Lone Street Address (P.O. Box Number is Not Acceptable): 16701 Collins Avenue Suite 219 City: Sunny Isles Beach FL Zip Code: 33160

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: William H Lone 1/12/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COX, BILL 17040 COLLINS AVE STE 266 B SUNNY ISLES, FL 331601120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 16701 Collins Avenue #219 Sunny Isles Beach, Fl 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHERNOV, ARTHUR 17070 COLLINS AVE STE 266 B SUNNY ISLES, FL 331601126	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED LONE, WILLIAM F 17070 COLLINS AVE STE 266B SUNNY ISLES, FL 331601126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 16701 Collins Avenue #219 Sunny Isles Beach, Fl 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LESNICK, STEVE 17070 COLLINS STE 266 B SUNNY ISLES, FL 331601120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 16701 Collins Avenue #219 Sunny Isles Beach, Fl 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: William H Lone 1/12/05 305.947.5826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #