

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N35994

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



Principal Place of Business
**16701 COLLINS AVE
SUITE 219
SUNNY ISLES BEACH, FL 33160**

Mailing Address
**16701 COLLINS AVE
SUITE 219
SUNNY ISLES BEACH, FL 33160**



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**LONE, BILL
16701 COLLINS AVE
SUITE 219
SUNNY ISLES BEACH, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COX, BILL
STREET ADDRESS 16701 COLLINS AVE, #219
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE ED
NAME LONE, WILLIAM F
STREET ADDRESS 16701 COLLINS AVE, #219
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE T
NAME LESNICK, STEVE
STREET ADDRESS 16701 COLLINS AVE, #219
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000427456
02/21/06-80007-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

William F. Lone - William F. Lone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 305-947-5826
Date Daytime Phone #