

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90051 011 ****61.25

DOCUMENT # N39994

1. Entity Name
SUNSET OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
MIAMI MGMT, INC
14275 SW 142 AVE
MIAMI, FL 33186 US

Mailing Address
MIAMI MGMT, INC
14275 SW 142 AVE
MIAMI, FL 33186 US

40007766



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0239534

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

TRIAY, CARLOS A
3750 NW 82ND AVE
STE 100
MIAMI, FL 33178

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

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE **VP** ☐ Delete
NAME **ALCALA, JUAN**
STREET ADDRESS **11471 SW 73 ST**
CITY- ST- ZIP **MIAMI, FL 33173**

TITLE **TD** ☐ Delete
NAME **DE LA CRUZ, CARMEN**
STREET ADDRESS **11456 S W 72 TERR**
CITY- ST- ZIP **MIAMI, FL 33173**

TITLE **PD** ☒ Delete
NAME **DE LA CAMPA, RAUL**
STREET ADDRESS **7257 SW 114TH CT**
CITY- ST- ZIP **MIAMI, FL 33173**

TITLE **SD** ☐ Delete
NAME **MENA, CARMEN ELENA**
STREET ADDRESS **11484 SW 73 ST.**
CITY- ST- ZIP **MIAMI, FL 33173**

TITLE **D** ☐ Delete
NAME **ROCA, TEODINA**
STREET ADDRESS **7325 S W 114TH CT**
CITY- ST- ZIP **MIAMI, FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-07