2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39994

FILED Jan 23, 2009 Secretary of State

Entity Name: SUNSET OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0239534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIAY, CARLOS A

3750 NW 82ND AVE
STE 100
MIAMI, FL 33178 US

TRIAY, CARLOS A

2301 NW 87 AVE
SUITE 501
MIAMI, FL 33172 US

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

in the State of Florida.

SIGNATURE: CARLOS TRIAY 01/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: P (X) Change () Addition Name: ALCALA, JUAN Name: ALCALA, JUAN

 Address:
 11471 SW 73 ST
 Address:
 14275 SW 142 AVE

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 MIAMI, FL 33186

Title: D () Delete Title: VP (X) Change () Addition Name: ROCA, TEODINA Name: MENCHERO, JOSE

 Name
 Menchero, 303E

 Address:
 7325 SW 114TH CT
 Address:
 14275 SW 142 AVE

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 MIAMI, FL 33173

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 PAGAN, AGNES M

 Address:
 Address:
 14275 SW 142 AVE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33186

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 ESTEVE, JUAN

 Address:
 Address:
 14275 SW 142 AVE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN ALCALA P 01/23/2009