

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90015 016 ****61.25

DOCUMENT # N50497

1. Entity Name
SUNSET PALMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O PMSC
8299 CORAL WAY
MIAMI, FL 33155 US**

Mailing Address
**C/O PMSC
8299 CORAL WAY
MIAMI, FL 33155 US**

400000-



2. Principal Place of Business - No P.O. Box #
5979 NW 151 St
Suite, Apt. #, etc.
101

3. Mailing Address
PO BOX 10718
Suite, Apt. #, etc.

City & State
Miami Beach, Florida

City & State
Hialeah, Florida

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0398373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
33014

Country
USA

Zip
33010

Country
USA

6. Name and Address of Current Registered Agent

**PROPERTY MANAGEMENT SERVICES CORP.
8299 CORAL WAY
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name
KABA & Associates, P.A.

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

1840 W 49 St Suite 235

City
HIALEAH

FL Zip Code
33012

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

Moises Kaba

MOISES KABA

2/27/08

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, 2008**

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 **P** ☐ Delete
NAME **CARRAZANA, LATICIA**
STREET ADDRESS **7415 SN 108 DR**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **V** ☒ Delete
NAME **NARERS, MARIA**
STREET ADDRESS **10828 SN 75 TERR**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **S** ☒ Delete
NAME **NARCIS, CARMEN**
STREET ADDRESS **10881 SW 75 TERR**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **T** ☐ Delete
NAME **VITAL, ESTHER**
STREET ADDRESS **10812 SW 75 TERR**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **D** ☐ Delete
NAME **DONET, ELIZABETH**
STREET ADDRESS **10808 SW 75 TERR**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **D** ☒ Delete
NAME **TABLADA, ZIDRA**
STREET ADDRESS **10863 SW 75 TERR.**
CITY-ST-ZIP **MIAMI, FL 33173**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Leticia Carrazana**
STREET ADDRESS **7415 SW 108 AVE**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **V** ☒ Change ☐ Addition
NAME **Elizabeth Donet**
STREET ADDRESS **10808 SW 75 TERR**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **S** ☐ Change ☒ Addition
NAME **Ivan Moyeda**
STREET ADDRESS **10832 SW 75 TERR**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **← SAME** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Forge Martinez**
STREET ADDRESS **10853 SW 74 St**
CITY-ST-ZIP **MIAMI, FL 33173**

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:

Esther Vital **ESTHER VITAL, Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/08 305-271-2279