

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 APR 17 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # N93000002986 (8)**

1. Corporation Name

SUNKIST ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2212 SW 22 AVE
MIAMI FL 33145****2212 SW 22 AVE
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0427975

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐**\$68.75** Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21**25**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SERNA, JUAN A JR.
2212 SW 22 AVE
MIAMI FL 33145****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85**

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SERNA, JUAN A JR.
STREET ADDRESS	6400 SW 79 CT
CITY - ST - ZIP	MIAMI FL 33143
TITLE	D
NAME	ASHKAR, TERRY
STREET ADDRESS	6500 SW 79 CT
CITY - ST - ZIP	MIAMI FL 33143
TITLE	D
NAME	MARTIN, SID
STREET ADDRESS	6520 SW 79 CT
CITY - ST - ZIP	MIAMI FL 33143
TITLE	D
NAME	NAVARRO, JOSE A
STREET ADDRESS	7731 SW 68 TERR
CITY - ST - ZIP	MIAMI FL 33143
TITLE	D
NAME	TURCI, FRANCO
STREET ADDRESS	6070 SW 79 CT
CITY - ST - ZIP	MIAMI FL 33143
TITLE	D
NAME	JORGE, BENITA
STREET ADDRESS	2212 SW 22ND AVE
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Print Name)