

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000002986 (8)**

1. Corporation Name

SUNKIST ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2212 SW 22 AVE
MIAMI FL 33145**

Mailing Address

**2212 SW 22 AVE
MIAMI FL 33145**

3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 7730 SW 68 TR

26 7730 SW 68 TR

4. FEI Number
65-0427975

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 MIAMI, FL

24 Zip

Country

29 Zip

Country

24 33143

25 DADE

29 33143

30 DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

ACHILLES BALLESTAS

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

83

7730 SW 68 TR

84 City

MIAMI

FL

85 Zip Code

33143

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

ACHILLES BALLESTAS

Achilles Ballestas

7/18/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	ACHILLES BALLESTAS	7730 SW 68 TR	MIAMI, FL 33143	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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 119.07(3)(k), 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

7/18/96 (305) 279-3268

Date

Daytime Phone #

CR2E037 (3/96)