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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
7730 SW 68 TR MIAMI FL 33143 US	7730 SW 68 TR MIAMI FL 33143-2709 US

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 07/26/1996

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 | Country 30

4. FEI Number: 65-0427975 — ☐ Applied For · Not Applicable

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

BALLESTAS, ACHILLES
7730 SW 68 TR
MIAMI FL 33143

10. Name and Address of New Registered Agent

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 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BALLESTAS, ACHILLES		1.2 NAME	
STREET ADDRESS	7730 SE 68 TR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ASHKAR, TERRY		2.2 NAME	
STREET ADDRESS	6500 SW 79 CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, SID		3.2 NAME	
STREET ADDRESS	6520 SW 79 CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NAVARRO, JOSE A		4.2 NAME	
STREET ADDRESS	7731 SW 68 TERR		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TURCI, FRANCO		5.2 NAME	
STREET ADDRESS	6070 SW 79 CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JORGE, BENITA		6.2 NAME	
STREET ADDRESS	2212 SW 22ND AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A. Ballestas 3/6/97 (305) 279-3268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0030024