

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002986 (8)**

1. Corporation Name

SUNKIST ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 7730 SW 68 TR MIAMI FL 33143 US	Mailing Address 7730 SW 68 TR MIAMI FL 33143 US
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3. Date Incorporated or Qualified

07/08/1993

4. FEI Number

65-0427975

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☒ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALLESTAS, ACHILLES
7730 SW 68 TR
MIAMI FL 33143**

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

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

(NOTE: Registered Agent signature required when reinstating)

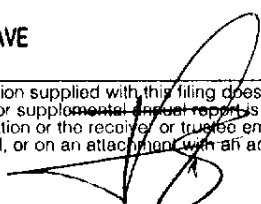
DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BALLESTAS, ACHILLES
STREET ADDRESS	7730 SE 68 TR
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ASHKAR, TERRY
STREET ADDRESS	6500 SW 79 CT
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> DELETE
NAME	MARTIN, SID
STREET ADDRESS	6520 SW 79 CT
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> DELETE
NAME	NAVARRO, JOSE A
STREET ADDRESS	7731 SW 68 TERR
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> DELETE
NAME	TURCI, FRANCO
STREET ADDRESS	6070 SW 79 CT
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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, D. 4/26/98

CP2E037 (10/97)