


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000002850 1. Entity Name THE TOWNHOMES AT SUNSET HARBOUR CONDOMINIUM ASSOCIATION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 37 DEC 20 PM 12:45	
Principal Place of Business C/O MIAMI MGMT, INC. 1415 SUNSET HARBOUR DR MIAMI BEACH, FL 33139 US				Mailing Address C/O MIAMI MGMT, INC. 1415 SUNSET HARBOUR DR MIAMI BEACH, FL 33139 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 65-0584284			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent MIAMI MANAGEMENT, INC. 1930 HARRISON ST SUITE 606 HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRESSE, THOMAS J 1415 SUNSET HARBOUR DR. UNIT#401 MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE SEC NAME STREET ADDRESS CITY-ST-ZIP	THOMAS KRESSE 1415 SUNSET HARBOUR DRIVE # 401 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BONISKE, NINA 1415 SUNSET HARBOUR DR., #113 MIAMI, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Peter Prudeniano 1415 Sunset Harbour Drive # 104 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALPERN, MARC 1413 SUNSET HARBOUR DR. MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE TRF NAME STREET ADDRESS CITY-ST-ZIP	MARC HALPERN 1413 SUNSET HARBOUR DRIVE # 605 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREUNDLICH, MARYLYN 1415 SUNSET HARBOUR DR., #113 MIAMI, FL 33139	<input type="checkbox"/> Delete	700113428087 12/27/07--01017--016 **\$61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CHAPMAN DUCOTE 1415 SUNSET HARBOUR DRIVE # 603 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B. 12/26/07	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Marylyn Freundlich</i> 12/17/07 (305) 5380043							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							