


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90031 004 \*\*\*\*61.25

<b>DOCUMENT # N95000002850</b> 1. Entity Name <b>THE TOWNHOMES AT SUNSET HARBOUR CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MIAMI MGMT, INC. 1415 SUNSET HARBOUR DR MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>C/O MIAMI MGMT, INC. 1415 SUNSET HARBOUR DR MIAMI BEACH, FL 33139 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0584284</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MIAMI MANAGEMENT, INC. 4930 HARRISON ST SUITE 800 HOLLYWOOD, FL 33020</b>				Name <b>MIAMI Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>1380 NE Miami Gardens DR</b> Suite 130 City <b>North Miami</b> FL Zip Code <b>33179</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC KRESSE, THOMAS 1415 SUNSET HARBOUR DR., #401 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PRUDENZANO, PETER 1415 SUNSET HARBOUR DR., #104 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRE HALPERN, MARC 1413 SUNSET HARBOUR DR., #605 MIAMI BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FREUNDLICH, MARYLYN 1415 SUNSET HARBOUR DR., #113 MIAMI, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUCOTE, CHAPMAN 1415 SUNSET HARBOUR DR., #603 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARILYN FREUNDLICH 1415 SUNSET HARBOUR DR. #602 MIAMI BEACH, FL 33139</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <u>Marilyn Freundlich</u></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>7/9/08</b> Daytime Phone # <b>(305) 5380043</b>					

07/14  
**60045547**



07082008 Chg-NP CR2E037 (12/06)