

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90027 050 \*\*\*\*61.25

**DOCUMENT # N96000005028**

1. Entity Name

**SUNSET CIVIC ASSOCIATION, INC.**



Principal Place of Business

**1900 SW 35TH AVENUE  
FORT LAUDERDALE FL 33313**

Mailing Address

**1900 SW 35TH AVENUE  
FORT LAUDERDALE FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**65-0751759**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURTON, IVONNE H  
1775 SW 37TH WAY  
FORT LAUDERDALE FL 33312**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SUAREZ, ROGER	
STREET ADDRESS	3549 SW 16TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COOPER, CALDWELL	
STREET ADDRESS	1870 SW 37 TERACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	S	<input type="checkbox"/> Delete
NAME	CENKO, MARY	
STREET ADDRESS	3608 SW 22ND STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUAREZ, CHRIS	
STREET ADDRESS	3549 SW 16TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, YVONNE H	
STREET ADDRESS	1775 SW 37TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, RITA	
STREET ADDRESS	3624 SW 21 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP Gregory Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2151 SW 35 Ave	
STREET ADDRESS	Fort Lauderdale FL 33312	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(954) 583-1644