2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

1. Entity Name SUNSET CIVIC ASSOCIATION, INC.								04-09-200	07 900 7 6 0)23 ****61	.25	
Principal Place of Business 1900 SW 35TH AVENUE 1900 SW 35TH AVENUE FORT LAUDERDALE, FL 33312 Mailing Address 1900 SW 35TH AVENUE FORT LAUDERDALE, FL 33312					2							
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04042007	Chg-NP	CR2E	037 (12/06)		
City & State			City & State				4. FEI Numb 65-075			<u> </u>	oplied For of Applicable	
Zip	Country		Zip Coi		intry		5. Certificate	of Status Desire	d 🔲	\$8.75 Add Fee Require		
8. Name and Address of Current Registered Agent								Address of Nev	w Registered	Agent		
CHADE?	DOCED				Name Smith, Gregory							
SUAREZ, 3549 SW		т			Street Address (P.9/Box Number is Not Acceptable) 21515W35 AUENUE							
		E. FL 33312			213	<u>51"5</u>	35°	AUENU	<u>E</u>			
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					City F	City FORT LAUDERDALC FL 333/2						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.									Florida. I an	familiar with,	and accept	
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SIGNATURE Signature Appear or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required							when reinstating)		7/4 DATE	107		
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		ee is \$61.25 May 1, 2007	9. Election Ca Trust Fund				\$5.00 May 6 Added to Fees	Be F		ck payable t		
10.			Trust Fund				\$5.00 May 6 Added to Fees	Se F	lorida Depa	ertment of S	tate	
10. எட்ட		May 1, 2007	Trust Fund	Contribut	ion.	A	\$5.00 May I Added to Fees	IANGES TO OFFI	lorida Depa	ertment of S	tate	
TITLE NAME	PD SUAREZ,	May 1, 2007 OFFICERS AND DI , ROGER	Trust Fund RECTORS	11.	ion.	A	\$5.00 May I Added to Fees	IANGES TO OFFI	lorida Depa	PIRECTORS IN	I 10	
TITLE NAME STREET ADDRESS	PD SUAREZ, 3549 SW	OFFICERS AND DI , ROGER 16 COURT	Trust Fund RECTORS Delete	11. TITLE NAM STRE	E E ET ADORESS	PD Smit	\$5.00 May B Added to Fees DDITIONS/CH	IANGES TO OFFI	CERS AND D	DIRECTORS IN	I 10	
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12. I hereby certify that the information supplied with this filling 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 of

SIGNATURE:

BIGNATURE AND TYPED ORFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 March 2007

9548/7-5265 Daybrie Phone I