2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002817

1. Entity Name
TOTAL SUNSET OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11550 SW 72 STREET MIAMI, FL 33173	11550 SW 72 STREET MIAMI, FL 33173

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01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1099899

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PESTCOE, SCOTT
150 SOUTH PINE ISLAND ROAD
SUITE 540
MIAMI, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	DIAZ, OCTAVIO
STREET ADDRESS	11550 S.W. 72 STREET
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	DIR
NAME	MUNACH, DANA
STREET ADDRESS	18112 NW. 15 COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	DIR
NAME	KAMELHAIR, STEVE
STREET ADDRESS	400 NW 74 AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	DIR
NAME	NEMEROSKY, STEPHEN
STREET ADDRESS	400 NW 74 AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	SEC
NAME	SMITH, FRED S
STREET ADDRESS	2801 NATOMA STREET
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000189718
01/20/06-80059-004 61.25

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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: Octavio Diaz PRESIDENT 1/17/06 305-252-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCTAVIO DIAZ