FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90433 047 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002817 1. Entity Name TOTAL SUNSET OWNER'S ASSOCIATION, INC.							
Principal Place of Business 11550 SW 72 STREET MIAMI, FL 33173			Mailing Address 11550 SW 72 STREET MIAMI, FL 33173			40090278	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252007 Chg-NP CR2E037 (12/06)	
City & State			City & State			4. FEI Number Applied Fo 65-1099899 Not Applied	
Zip		Country	Zip	Cou	ıntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
Name and Address of Current Registered Agent PESTCOE, SCOTT 150 SOUTH PINE ISLAND ROAD					Name and Address of New Registered Agent Name and peur H. Feldman, PA Street Address AP.O. Box Number is that Acceptable blaza The Manual Plaza		
SUITE 54 MIAMI, FL	0		City		<u> </u>	able International Plaza 655 Le Jeune Rd. 540 Floor	
Copal Goden, FL 33134 The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.							ept
SIGNATURE							
Filing Fee is \$81.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Floridal Department of State							
10.		OFFICERS AND DIF		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME . STREET ADDRESS CITY-ST-ZIP	DIAZ, OCTAVIO : 11550 S.W. 72 STREET				E ET ADDRESS - ST-ZIP	☐ Change ☐ Addi 	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MUNACH, DANA 18112 NW. 15 COURT PEMBROKE PINES, FL 33029				ET ADDRESS ST-ZIP	Sec Treature & Change Addit Hunach, Dana L 18112, NW 15 Count Pembroke Fines, FL 33029	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 NW 74	IR, STEVE AVENUE ON, FL 33317	□ Delete		1	☐ Change ☐ Addri	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 NW 74	KY, STEPHEN AVENUE ON, FL 33317	☐ Delete			☐ Change ☐ Addi	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ED S . DMA STREET GROVE, FL 33133	⊠ Delete		TADDRESS 11	OIR Manne □Addi ULOA VICTOR 1570 ± W 721d: Steet Jiamo FL 33173	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	☐ Change ☐ Addi	tion
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 cath, 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.							
SIGNAT	URE:	SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OFFICER	OR DIRECTO	tavio	Diaz 042407 (305) 253-560	ڡ