


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90074 010 \*\*\*\*61.25

<b>DOCUMENT # 759171</b>					
1. Entity Name <b>SUNSET ISLANDS PROPERTY OWNERS, INC.</b>					
Principal Place of Business <b>2535 LAKE AVENUE MIAMI BEACH, FL 33140</b>			Mailing Address <b>ATTN: NEIL DUBROW 2535 LAKE AVENUE MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business <i>1600 West 27th St.</i>		3. Mailing Address <i>Attn: E. Schechter 1600 West 27th St</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami Beach, FL</i>		City & State <i>Miami Beach, FL</i>		01232005 Chg-NP CR2E037 (10/03)	
Zip <i>33140</i> Country		Zip <i>33140</i> Country		4. FEI Number <b>59-0794782</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>DUBROW, NEIL 2535 LAKE AVENUE MIAMI BEACH, FL 33140</b>			7. Name and Address of New Registered Agent Name: <i>Elizabeth Schechter</i> Street Address (P.O. Box Number is Not Acceptable) <i>1600 West 27th St.</i> City: <i>Miami Beach</i> <b>FL</b> Zip Code <i>33140</i>		
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 <i>Elizabeth A. Schechter</i> <small>Signature (typed or printed name of registered agent and title if applicable).</small>				DATE <i>2-27-05</i> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELEGANT, IRA 1360 NORTH VIEW DRIVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Elizabeth A. Schechter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1600 West 27th St. Miami Beach, FL 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBROW, NEIL 2535 LAKE AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ellen Peterson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2560 Sunset Drive Miami Beach, FL 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAN, CAROL 1635 W 27 STREET MIAMI BCH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERTZBERG, ROBERT 1601 NORTH VIEW DR MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, PHILIP 1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARON, NIKKI 2526 LAKE AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	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 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: <i>Elizabeth A. Schechter (Elizabeth A. Schechter)</i>				DATE <i>2-27-05</i> Daytime Phone # <i>305-538-4979</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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