

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759171

FILED
Apr 28, 2008
Secretary of State

Entity Name: SUNSET ISLANDS PROPERTY OWNERS, INC.

Current Principal Place of Business:

2820 LUCERNE AVENUE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

ATTN: BILL ROY
2820 LUCERNE AVENUE
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 59-0794782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROY, BILL
2820 LUCERNE AVENUE
MIAMI BEACH, FL, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROY, BILL
Address: 2820 LUCERNE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: WALKER, PHILLIP
Address: 1601 NORTH VIEW DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: PETERSON, ELLEN
Address: 2560 SUNSET DRIVE
City-St-Zip: MIAMI BCH, FL 33140

Title: D () Delete
Name: DIBELLA, JOE
Address: 1475 NORTHVIEW DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: HYDE, JUDY
Address: 2555 BAY AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: DAN, CAROL
Address: 1635 WEST 27TH STREET
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY HYDE

Electronic Signature of Signing Officer or Director

T

04/28/2008

Date