

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759171

FILED  
Mar 19, 2009  
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:**

2555 BAY AVENUE  
MIAMI BEACH, FL 33140 US

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:**

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

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: BILL ROY

03/19/2009

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: S (X) Change ( ) Addition  
Name: PETERSON, ELLEN  
Address: 2560 SUNSET DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

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

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date