

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759171

FILED  
Apr 09, 2012  
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:**

2555 BAY 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 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  
Name: ROY, BILL  
Address: 2820 LUCERNE AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: D  
Name: PETERSON, ELLEN  
Address: 2560 SUNSET DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D  
Name: HERTZBERG, ROBERT  
Address: 1620 NORTH VIEW DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

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

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

I hereby 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 all other like empowered.

SIGNATURE: JUDY HYDE

T

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date