

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004467

**Entity Name:** SUNSET VILLAS AT BAY HARBOR ISLANDS COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC2967020313**

**Current Principal Place of Business:**

C/O SOUTH FLORIDA MANAGEMENT INC.  
3100 NW 72 AVENUE, SUITE 113  
MIAMI, FL 33122

**Current Mailing Address:**

C/O SOUTH FLORIDA MANAGEMENT INC.  
3100 NW 72 AVENUE, SUITE 113  
MIAMI, FL 33122

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIATION LAW GROUP, P.L.  
1666 KENNEDY CAUSEWAY  
SUITE 305  
NORTH BAY VILLAGE, FL 33141 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name HOFFORD, JAMES  
Address 782 NW LEJEUNE ROAD #435  
City-State-Zip: MIAMI FL 33126

Title VTD  
Name VASQUEZ, GONZALO  
Address 782 NW LEJEUNE ROAD #435  
City-State-Zip: MIAMI FL 33126

Title SD  
Name FLOREZ, LESLIE  
Address 782 NW LEJEUNE ROAD #435  
City-State-Zip: MIAMI FL 33126

*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: JAMES HOFFORD**

**PD**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date