

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31505

**Entity Name:** SUNSET SPRINGS MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

1840 S.E. 4TH AVENUE  
SUITE 2B  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

C/O AVALON MANAGEMENT SERVICES  
P. O. BOX 267908  
WESTON, FL 33326 US

**FEI Number:** 65-0107022

**Certificate of Status Desired:** No

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

BROUGH, CHADROW & LEVINE, P.A.  
2149 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 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 DIRECTOR  
Name JARAMILLO, NICOLAS  
Address PO BOX 267908  
City-State-Zip: WESTON FL 33326

Title T  
Name SERPE, GAETANO  
Address PO BOX 267908  
City-State-Zip: WESTON FL 33326

Title SECRETARY  
Name RICHTER, LYLE  
Address PO BOX 267908  
City-State-Zip: WESTON FL 33326

Title PRESIDENT  
Name CARRAWAY, GARY  
Address PO BOX 267908  
City-State-Zip: WESTON FL 33326

Title VP  
Name REEVE, LISA  
Address PO BOX 267908  
City-State-Zip: WESTON FL 33326

Title DIRECTOR  
Name MARGOLIES, MELANIE  
Address PO BOX 267908  
City-State-Zip: WESTON FL 33326

*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:** GARY CARRAWAY

**PRESIDENT**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date