

**2015 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.  
1900 N. COMMERCE PKWY  
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            PRESIDENT, SECRETARY  
Name            SINGER, SARA  
Address        995 LAKEWOOD CT  
City-State-Zip: WESTON FL 33326

Title            D  
Name            JARAMILLO, NICOLAS  
Address        1244 WATERVIEW COURT  
City-State-Zip: WESTON FL 33326

Title            T  
Name            SERPE, GAETANO  
Address        1122 WATERVIEW LANE  
City-State-Zip: WESTON FL 33326

Title            D  
Name            RICHTER, LYLE  
Address        1205 FAIRFAX COURT  
City-State-Zip: WESTON FL 33326

Title            VP  
Name            CARRAWAY, GARY  
Address        1130 FAIRFAX LANE  
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:** SARA SINGER

**PRESIDENT**

**01/21/2015**

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

\_\_\_\_\_  
Date