

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90312 015 ****61.25

DOCUMENT # 714010

1. Entity Name

SUNSET HOUSE APARTMENTS OF MARCO ISLAND, INC.

Principal Place of Business

220 SEA VIEW COURT
 MARCO ISLAND FL 34145
 US

Mailing Address

220 SEA VIEW COURT
 MARCO ISLAND FL 34145
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1281382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SPICER, AL
 220 SEAVIEW CT
 MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name **M. CHRIS ROSENOW**

Street Address (P.O. Box Number is Not Acceptable)
834 BALD EAGLE DR

City **MARCO ISLAND** FL Zip Code **34145**

8. 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

M. Chris Rosenow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
 NAME **WEANABERG, JUDY D**
 STREET ADDRESS **220 SEAVIEW COURT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **PD** ☒ Delete
 NAME **SPICER, A.**
 STREET ADDRESS **220 SEAVIEW CT**
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **D** ☒ Delete
 NAME **BENSMAN, RICHARD W**
 STREET ADDRESS **220 SEAVIEW CT #206**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **VPD** ☐ Delete
 NAME **HARRELL, DONALD A**
 STREET ADDRESS **220 SEAVIEW CT.**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **TD** ☒ Delete
 NAME **ROBINSON, GEORGE**
 STREET ADDRESS **220 SEAVIEW CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition
 NAME **WEINBERG, JUDY D**
 STREET ADDRESS **220 SEAVIEW CT.**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **TD** ☐ Change ☒ Addition
 NAME **NOLAN, JOHN**
 STREET ADDRESS **220 SEAVIEW CT.**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **SCIAFANI, ANTHONY**
 STREET ADDRESS **220 SEAVIEW CT.**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **PD** ☒ Change ☐ Addition
 NAME **HARRELL, DONALD A.**
 STREET ADDRESS **220 SEAVIEW CT.**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **KANTERES, William**
 STREET ADDRESS **220 SEAVIEW CT.**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Don Harrell* **DONALD A. HARRELL** **MAR 15 2001 941-642-0520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)