

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727891

1. Entity Name

SUNFISH BAY CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90031 001 ****61.25

Principal Place of Business	Mailing Address
LEIGHTON, LENNARD, A. 1700 MCMULLEN BOOTH RD., STE C-3 CLEARWATER FL 34619 US	1700 MCMULLEN BOOTH SUITE C-3 CLEARWATER FL 33759-2129 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US	C/O SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US

4. FEI Number	Applied For
59-1538076	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEIGHTON, LEONARD C/O SEABOARD ARBORS MGMT SERVICES INC 1700 MCMULLEN BOOTH RD STE C3 CLEARWATER FL 34619	LEIGHTON, LEN C/O SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLER, DIANE 1111 BAYSHORE BLVD., A1 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENKEN, THOMAS 1111 BAYSHORE BLVD, D4 CLEARWATER, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLARD, BILL 1111 BAYSHORE BLVD., E15 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAFTON, CHUCK 1111 BAYSHORE BLVD, A4 CLEARWATER, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAGG, DAVID 1111 BAYSHORE BLVD., C10 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, RUTH ANN 1111 BAYSHORE BLVD., F-1 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSUEMER, RICHARD 1111 BAYSHORE BLVD., D15 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COCHRAN, BRUCE 1111 BAYSHORE BLVD., A-1 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: DIANE L. WELLER 1-30-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #