

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90080 033 \*\*\*\*61.25

**DOCUMENT # 727891**

1. Entity Name  
**SUNFISH BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>C/O SEABOARD ARBORS MANAGEMENT SVC. INC          2189 CLEVELAND ST. STE 225          CLEARWATER FL 33765          US</b>	Mailing Address <b>C/O SEABOARD ARBORS MANAGEMENT SVC. INC          2189 CLEVELAND ST. STE 225          CLEARWATER FL 33765          US</b>
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DO NOT WRITE IN THIS SPACE

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 **59-1538076** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent  
**LEIGHTON, LEONARD  
 C/O SEABOARD ARBORS MGMT SVC, INC  
 2189 CLEVELAND ST, STE 225  
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	PD WELLER, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	1111 BAYSHORE BLVD., A1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	SD WILLARD, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	1111 BAYSHORE BLVD., E15	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	D FLAGG, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1111 BAYSHORE BLVD., C10	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	VPD MORRIS, RUTH ANN	<input type="checkbox"/> Delete
STREET ADDRESS	1111 BAYSHORE BLVD., F-1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	D BASSUEMER, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	1111 BAYSHORE BLVD., D15	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	TD COCHRAN, BRUCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1111 BAYSHORE BLVD., A-1	
CITY-ST-ZIP	CLEARWATER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD BAYNE, SIDNEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1111 BAYSHORE BLVD A-9	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D HENKEN, TOM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1111 BAYSHORE BLVD D-4	
CITY-ST-ZIP	CLEARWATER, FL	

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: *SIGNATURE RICHARD*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)