2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731160 1. Entity Name SUNTIDE CONDOMINIUM ASSOCATION, INC.				M	FILED May 07, 2000 8:00 am Secretary of State			
Principal Place of Business Mailing Address					05-07-2000 90009 041 ****61.25			
662 NE OCEAN BOULEVARD STUART FL 34996-1534 US		662 NE OCEAN BOULEVARD STUART FL 34996-1623 US		- 1 140Ht 1470		21 DIBIH BISKI BIBI	u 010 11 1 52 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEł Number	59-1720637	_ 	plied For t Applicable	
Zip Country		Zip	Country	5. Certificate of		\$8.75 Addi	itional	
	6. Name and Address of Current F	l Registered Agent		7. Name and A	ddress of New Registered .			
			Name					
TIMOTHY D. KAZMIER 662 NE OCEAN BOULEVARD STUART FLORIDA 34996			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
SIGNATURE	Signature, typed or printed name of registered agent of FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contrib	n Financing oution.	\$5.00 May Be Added to Fees	Make Check Department	of State		
10.	OFFICERS AND DIR		11.	ADDITIONS/CHAN	IGES TO OFFICERS AND DI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOTTHOLM, WILLIAM 1357 NE OCEAN BLVD #318 STUART FL	- □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD- HAYNES, WILIAM 1857 NE OCEAN-BLVD-#117 STUART FL	₽ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POPE, DAVID 1357 N.E. OCEAN BLVD., #202 STUART FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUDSON, JAMES 1357 NE OCEAN BLVD #204 STUART FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEASON, JAMES 1357 NE OCEAN BLVD #211 STUART FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREHM, JO 1357 NE OC STUART, F	DAN SD EAN BLVD # L	□ Change 220	Addition	
indicated of the co	certify that the information supplied with don this report or supplemental report is rporation or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that r wered to execute this report	r the exemption stat my signature shall ha as required by Cha	ed in Section 119.07(3)(i), ave the same legal effect a	Florida Statutes. I further cer s if made under oath; that I a	rtify that the in am an officer o	or director	

IGNATURE: USULANT SECULIAR OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #