

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90106 040 ****61.25

DOCUMENT # 731160

1. Entity Name

SUNTIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**662 NE OCEAN BOULEVARD
STUART FL 34996-1534
US**

Mailing Address

**662 NE OCEAN BOULEVARD
STUART FL 34996-1534
US**

2. Principal Place of Business

2115 SE OCEAN BLVD.

Suite, Apt. #, etc.

3. Mailing Address

2115 SE OCEAN BLVD.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1720637**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIMOTHY D. KAZMIER
662 NE OCEAN BOULEVARD
STUART FL 34996**

Name

Street Address (P.O. Box Number is Not Acceptable)

2115 SE OCEAN BLVD.

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. I am familiar with, and accept the obligations of registered agent.

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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **YEAGER, DIXIE**
STREET ADDRESS **1357 NE OCEAN BLD #112**
CITY-ST-ZIP **STUART FL 34996**

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

TITLE **TD** ☐ Delete
NAME **STONE, HILL**
STREET ADDRESS **1357 NE OCEAN BL # 401**
CITY-ST-ZIP **STUART FL 34996**

TITLE **SD** ☐ Change ☒ Addition
NAME **STEELE, MARIAN**
STREET ADDRESS **1357 NE OCEAN BLVD. #120**
CITY-ST-ZIP **STUART, FL 34996**

TITLE **P** ☐ Delete
NAME **HUDSON, JAMES**
STREET ADDRESS **1357 NE OCEAN BLVD #204**
CITY-ST-ZIP **STUART FL**

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

TITLE **D** ☐ Delete
NAME **CALDAS, RICHARD**
STREET ADDRESS **1357 NE OCEAN BLVD # 307**
CITY-ST-ZIP **STUART FL 34996**

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

TITLE **VP** ☐ Delete
NAME **ADDEO, ANTHONY**
STREET ADDRESS **1357 NE OCEAN BLVD., #410**
CITY-ST-ZIP **STUART FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/4/03

772-220-0005

CR2E037 (10/02)