2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State
02-12-2002 90055 008 ****61.25

DOCUMENT # 737276

1. Entity Name

SUNSET BEACH VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
SOUTH SEAS PLANTATION RESORT PLANTATION ROAD CAPTIVA FL 33924 US	P.O. BOX 194 PLANTATION ROAD CAPTIVA FL 33924 US

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 59-1898994 ☐ Applied For ☐ Not Applicable

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
SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924	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 _____
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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, NORMAN A 1305 CHESHIRE RD BRIDGEWATER NJ 08807	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William Fleckenstein 3539 North Dr Bethlehem, PA 18015	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSSI, LOUIS P 72 B DEVONSHIRE DRIVE GUILDERLAND NY 12084	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jack Webster 691 Chidester Ave Glen Ellyn IL 60137	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SAILSTAD, CHARLES P O BOX 2806 N/A TOLEDO OH 43606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CHARLES SAILSTAD 4756 Penridge Rd Toledo OH 43615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PALAIA, FRANK MD 1820 HWY 20 SUITE 132/184 CONYERS GA 30013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DR FRANK PALAIA 16304 St James Dr Conyers, GA 30094-1227	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAHN, DONALD 99 CHESTNUT AVENUE POGNOTT NY 11733	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DR DONALD Bruhn 13868 CRABTREE WAY GAINSVILLE, VA 20155	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Lucinda A. Steffen SIGNATURE REQUIRED Sunset Beach Villas 1-9-02 941-472-7508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #