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

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90741 046 ****61.25

V089052

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

☐ CHECK HERE IF MAKING CHANGES

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. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLECKENSTEIN, WILLIAM 3539 NORTH DR BETHLEHEM PA 18015	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DR Stephen Bethea III 1664 W. Wesley Rd NW Atlanta GA 30327-1915	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBSTER, JACK 691 CHIDESTER AVE GLEN ELLYN IL 60137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JACK WEBSTER 691 Chidester Ave Glen Ellyn IL 60137	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SAILSTAD, CHARLES 4756 PENRIDGE RD TOLEDO OH 43615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR Louis Vogel 7711 Newport LANE PARKLAND, FL 33067	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DE FRANK, PALAIA 16034 ST JAMES DR CONYERS GA 30094-1227	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DR FRANK PALAIA 9320 WATER LILY CT #502 Ft Myers, FL 33919	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRUHA, DR DONALD 13868 CRABTREE WAY GAINESVILLE VA 20155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR DONALD BRUHN 13868 CRABTREE WAY GAINESVILLE VA 20155	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: F.V.Palaia F.V.PALAIA, PRESIDENT 04MAR03 239-472-7508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE