

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737351

1. Entity Name

SUNFLOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7200 N.W. SECOND AVE.
UNIT 175
BOCA RATON FL 33487

Mailing Address

7200 N.W. SECOND AVE.
UNIT 175
BOCA RATON FL 33487-2316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1727906

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

GEISER, MARY
7200 N.W. SECOND AVE.
UNIT 133
BOCA RATON FL 33487

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	SD	☐ Delete
NAME	RUSSELL, JUDY	
STREET ADDRESS	7200 NW 2ND AVE. #166	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DT	☐ Delete
NAME	GEISER, MARY	
STREET ADDRESS	7200 NW 2ND AVE #133	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P.	☐ Delete
NAME	DROWNE, BARBARA	
STREET ADDRESS	2 DIXIE BLVD. NORTH	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	☒ Delete
NAME	CARANNANTE, SHARMA	
STREET ADDRESS	7200 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D VP	☐ Delete
NAME	GLEICHAUF, ANN	
STREET ADDRESS	7200 NW 2ND AVE #86	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	RON KORMAN	
STREET ADDRESS	7200 NW 2ND AVENUE, #173	
CITY-ST-ZIP	BOCA RATON, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90037 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)