

2901 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90125 030 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 737351
1. Entity Name SUNFLOWER CONDO ASSOC., INC.

Principal Place of Business
Mailing Address

2. Principal Place of Business 7200 NW 2ND AVE.
 Suite, Apt. #, etc. CLUBHOUSE
City & State BOCA RATON, FL.
Zip 33487 **Country** US

3. Mailing Address 7200 NW 2ND AVE.
 Suite, Apt. #, etc. #175
City & State BOCA RATON, FL.
Zip 33487 **Country** US

4. FEI Number 59-1727906 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MARY GEISER
 7200 NW 2ND AVE. #133
 BOCA RATON, FL. 33487

7. Name and Address of New Registered Agent
 Name: MARY GEISER-FERRANDI
 Street Address (P.O. Box Number is Not Acceptable) 7200 NW 2ND AVE. #175
 CLUBHOUSE
 City: BOCA RATON FL Zip Code 33487

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 Mary F. Geiser-Ferrandi, Treasurer 4/5/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 **9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to: Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ Delete
NAME	BARBARA DROWNE	
STREET ADDRESS	2 DIXIE BLVD.	
CITY-ST-ZIP	DELRAY BCH, FL. 33444	
TITLE	VICE-PRESIDENT	☐ Delete
NAME	ANN GLEICHMAN	
STREET ADDRESS	7200 NW 2ND AVE. #86	
CITY-ST-ZIP	BOCA RATON, FL. 33487	
TITLE	SECRETARY	☐ Delete
NAME	JUDY RUSSELL	
STREET ADDRESS	7200 NW 2ND AVE. #166	
CITY-ST-ZIP	BOCA RATON, FL. 33487	
TITLE	TREASURER	☐ Delete
NAME	MARY GEISER-FERRANDI	
STREET ADDRESS	9083 PINE SPRINGS DR.	
CITY-ST-ZIP	BOCA RATON, FL. 33428	
TITLE	DIRECTOR	☐ Delete
NAME	RON KORMAN	
STREET ADDRESS	7200 NW 2ND AVE. #173	
CITY-ST-ZIP	BOCA RATON, FL. 33487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		☐ 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: Mary F. Geiser-Ferrandi, Treas. 4/5/01 561-994 9053
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)