2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90089 002 ****61.25

DOCUMENT # 742159

1. Entity Name

SUNSET CAPTIVA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924 US	P O BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924-0194 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 59-2055236 ☐ 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	VD BEARD, FRANK P.O. BOX 397 N/A CAPTIVA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFIE MAGERMAN 43 KNOLLVIEW CRESCENT WILLOWDALE, ONTARIO CANADA M2K 2C9	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FENNIMAN, WILLIAM 7 WAINWRIGHT RD #19 WINCHESTER MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY THOMAS 519 MIDLINE ROAD AMSTERDAM, NY 12010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWAIN, HELEN P.O. BOX 367 N/A THREE LAKES WT 54562	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUE SHERLOCK 7019 HILLCREEK LANE GATES MILLS, OH 44040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KRAMER, RONALD P O BOX 602 N/A CAPTIVA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHARLES HANLEY, JR 42 GODAIR DRIVE HINSDALE, IL 60521	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEGMANN, RICHARD 12910 TAUTON COURT TOWN & COUNTRY MO 63131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOM TOPKA PO BOX 0001 NEW PRAGUE, MN 56071	☒ Change ☐ Addition

CR2E037 (9/99)

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: WILLIAM W. FENNIMAN President 2-17-00 941-472-5069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #