2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
03-12-2002 90879 048 ****61.25

0001693

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 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

On 2-13-02
FILE NOW: FEE IS $61.25
1533

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 MAGERMAN, ALFIE 43 KNOLLVIEW CRESCENT WILLIOWDALE ONTARIO CA M2-K2C9	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	 16 HARCOURT STREET, APT 7J BOSTON, MA 02116	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERLOCK, SUE 7019 HILLCREEK LANE GATES MILLS OH 44040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONI HULLSTRUNG 1-8 MURRAY AVENUE MAHWAH, NJ 07430	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HANLEY, CHARLES JR 42 GODAIR DRIVE HINSDALE IL 60521	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUTH SONES 14 LINGOLN AVENUE MANCHESTER, MA 01944	☐ 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	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOPKA, TOM PO BOX 0001 NEW PRAGUE MN 56071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GEORGE Loomis 4920 WOODS COURT EXCELSIOR, MN 55331	☐ 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 William W. Fenniman SIGNATURE REQUIRED 2-26-02 941-472-9069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #