

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90155 032 \*\*\*\*61.25

0041853

**DOCUMENT # 744949**  
 1. Entity Name  
**SUNSET PLAZA EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>680 71ST. AVE. ST. PETERSBURG BEACH FL 33706</b>	Mailing Address <b>5050 GULF BOULEVARD ST. PETERSBURG BEACH FL 33706</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>250 104th AVENUE</b> Suite, Apt. #, etc.
City & State	City & State <b>TREASURE ISLAND, FL</b>
Zip <b>33706</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE  
**59-1651437**

4. FEI Number <b>59-1651437</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CENTURY 21 MILLS FIRST INC.  
 5050 GULF BLVD  
 ST PETERSBURG FL 33706**

7. Name and Address of New Registered Agent  
 Name  
**SUE LAMONT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**250 104th AVENUE**  
 City  
**TREASURE ISLAND FL** Zip Code  
**33706**

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 *X SUE LAMONT* **SUE LAMONT** *2/20/02*  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRAYMORE, KEN RR #1 GLENCAIRN ONTARIO, CANADA L0M- 1K0</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TROTIER, JEAN PAUL 10 TERRASSE D'AUTEVIL AUTEVIL, LAVAL, CANADA QB H7L- 1K5</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD STREBLER, GEORGE 7050 SUNSET WAY #13 SAINT PETERSBURG BEACH FL 33706</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sue Lamont* **SUE LAMONT** *3/15/02*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)