

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90007 020 \*\*\*\*61.25

**DOCUMENT # 745736**

1. Entity Name  
**SUNSET HILLS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 2085 UNIVERSITY DR. CORAL SPRINGS FL 33071 US	Mailing Address 2085 UNIVERSITY DR. CORAL SPRINGS FL 33071-6132 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>40 Becker Mgmt, Inc.</i> Suite, Apt. #, etc. <i>P.O. Box 24756</i> City & State <i>FT. LAUDERDALE, FL</i> Zip <i>33307-4756</i>	Country <i>USA</i>	3. Mailing Address <i>40 Becker Mgmt, Inc.</i> Suite, Apt. #, etc. <i>P.O. Box 24756</i> City & State <i>FT. LAUDERDALE, FL</i> Zip <i>33307-4756</i>	Country <i>USA</i>
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4. FEI Number **59-2005567** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOUTHEAST CONDOMINIUM MANAGEMENT, INC.**  
 2085 UNIVERSITY DR.  
 CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **BLAIR R. BECKER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2175 N.E. 56 STREET #114**  
 City **FT. LAUDERDALE** FL Zip Code **33308-2577**

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 *Blair R. Becker, As Mgr.*  
 Signature, typed or printed name of registered agent and title if applicable.

*2/23/2000*  
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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 <b>VPSD</b>	<input type="checkbox"/> Delete
NAME <b>SPANNOS, NERISSA</b>	
STREET ADDRESS <b>2979 N.W. 56TH AVENUE</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>HAASE, FRANK</b>	
STREET ADDRESS <b>3710 N.W. 21 STREET</b>	
CITY-ST-ZIP <b>LAUDERHILL FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HUNT, SHIRLEY</b>	
STREET ADDRESS <b>2979 N.W. 56 AVENUE</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HUNT, GEORGE</b>	
STREET ADDRESS <b>2979 N.W. 56TH AVENUE</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <del>PSD</del> <b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NERISSA SPANNOS</b>	
STREET ADDRESS <b>9715 W. BROWARD BLVD. #129</b>	
CITY-ST-ZIP <b>PLANTATION, FL 33323</b>	
TITLE <b>VP DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANK HAASE</b>	
STREET ADDRESS <b>3710 N.W. 21 ST. #101</b>	
CITY-ST-ZIP <b>LAUDERDALE LAKES, FL 33313</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MICHAEL HART</b>	
STREET ADDRESS <b>2643 N. ANDREWS AVE</b>	
CITY-ST-ZIP <b>FT. LAUD., FL 33311</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAN GOLDSTEIN</b>	
STREET ADDRESS <b>2643 N. ANDREWS AVE.</b>	
CITY-ST-ZIP <b>FT. LAUD., FL 33311</b>	
TITLE <del>D</del> <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CHARLES HUNT</b>	
STREET ADDRESS <b>2061 N.W. 30 AVE.</b>	
CITY-ST-ZIP <b>FT. LAUD., FL 33311</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *NERISSA SPANNOS PRES* **NERISSA SPANNOS PRES** *954-484-7876*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)