

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90052 027 \*\*\*\*61.25

**DOCUMENT # 748712**

1. Entity Name

**SUNSET GARDENS CONDOMINIUM, INC.**



Principal Place of Business

**544 BELLTOWER AVE  
DELTONA FL 32725  
US**

Mailing Address

**544 BELLTOWER AVE  
DELTONA FL 32725  
US**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2144700**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DYE, GEORGE  
544 BELLTOWER AVE  
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name

**SAME**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**TREASURER**

(NOTE: Registered Agent signature required when reinstating)

**1-15-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NICHOLS, JOSEPH</b> <input checked="" type="checkbox"/> Delete <b>542 BELLTOWER</b> <b>DELTONA FL 32725</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EICHER, BETSY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>556 BELLTOWER AVE</b> <b>DELTONA FL 32725</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, LORRAINE</b> <input type="checkbox"/> Delete <b>546 BELLTOWER AVE</b> <b>DELTONA FL 32725</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONGER, JOSEPH</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>541 BELLTOWER AVE</b> <b>DELTONA FL 32725</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DYE, GEORGE</b> <input type="checkbox"/> Delete <b>544 BELLTOWER AVE</b> <b>DELTONA FL 32725</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARR, JAMES</b> <input type="checkbox"/> Delete <b>572 BELLTOWER AVE</b> <b>DELTONA FL 32725</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EICHER, BETSY</b> <input type="checkbox"/> Delete <b>556 BELLTOWER AVE</b> <b>DELTONA FL 32725</b>	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"/> Delete	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:

**SIGNATURE REQUIRED**  
**Treasurer** **1-15-03**

CR2E037 (10/02)