

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750391

1. Entity Name

SUNSET BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9362 GULF SHORE DR
202
NAPLES FL 34108
US

Mailing Address

9362 GULF SHORE DR
202
NAPLES FL 34108
US

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

59-2514054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

FALK, STEVEN
850 PARK SHORE DR
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

TITLE VP
NAME KACEK, DON
STREET ADDRESS 8530 CAPTAIN CT
CITY-ST-ZIP INDIANAPOLIS IN ☐ Delete

TITLE PD
NAME SALTER, LARRY
STREET ADDRESS 260 FRANKLIN ST. #6
CITY-ST-ZIP BRAINTREE MA ☐ Delete

TITLE SD
NAME COOK, DAVID
STREET ADDRESS 3461 BONITA BAY BLVD
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE VPD
NAME BAMEL, JOHN
STREET ADDRESS 8330 BRIDLEWOOD DR
CITY-ST-ZIP EAST AMHERST NY 14051 ☐ Delete

TITLE TD
NAME OSTAPCHUK, WALTER
STREET ADDRESS 251 QUEENS QUAY W. PH 1
CITY-ST-ZIP TORONTO, ONT. ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS PO BOX 96
CITY-ST-ZIP KINGSTON, MA 02364

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 9496 GULF SHORE DR.
CITY-ST-ZIP NAPLES, FL. 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Don Kacek* REQUIRED: *Don Kacek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01 941-594-0588

Date

Daytime Phone #

0072191

CR2E037 (10/00)