

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90171 033 ****61.25

DOCUMENT # 750391

1. Entity Name
SUNSET BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**9362 GULFSHORE DR
202
NAPLES FL 34108
US**

Mailing Address

**497 GERMAIN AVE
NAPLES FL 34108
US**

2. Principal Place of Business

3. Mailing Address

9362 Gulfshore DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

NAPLES FL.

Zip

Country

Zip

Country

34108

USA

4. FEI Number **59-2514054**

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

**FALK, STEVEN
850 PARK SHORE DR
NAPLES FL 34103**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **VP** ☐ Delete
NAME **SALTER, LARRY**
STREET ADDRESS **P O BOX 96**
CITY-ST-ZIP **KINGSTON MA 02364**

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **SWEINBACH, LOTHAR**
STREET ADDRESS **9486 GULFSHORE DR. UNIT 101**
CITY-ST-ZIP **NAPLES, FL. 34108**

TITLE **PD** ☐ Delete
NAME **BAMMEL, JOHN**
STREET ADDRESS **9496 GULFSHORE DRIVE**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **9486 UNIT 301**

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

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED JOHN F. BAMMEL (239) 597-1781

CR2E037 (10/02)