

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750983

1. Entity Name

SUN COUNTRY VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90065 028 ****61.25

Principal Place of Business

Mailing Address

3723 + 3775 59TH ST NO
 ST PETERSBURG FL 33710

3723 + 3775 59TH ST NO
 ST PETERSBURG FL 33710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2071066

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERGERON, PHYLLIS A
3775 59TH ST NO #5
ST PETERSBURG FL 33710

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

Phyllis A. Bergeron, Treasurer

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **PRITCHARD, ELIZABETH**
 STREET ADDRESS **3723 59TH ST N #4B**
 CITY-ST-ZIP **ST PETERSBURG, FL 00000 33710**

TITLE **PD** Change Addition
 NAME **Selmyhr, Ann**
 STREET ADDRESS **3775 59th St. No #1A**
 CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **TD** Delete
 NAME **BERGERON, PHYLLIS A**
 STREET ADDRESS **3775 59TH ST NO #5**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **SAME** Change Addition
 NAME **SAME**
 STREET ADDRESS **SAME**
 CITY-ST-ZIP **SAME**

TITLE **SD** Delete
 NAME **ROBBINS, RUTH**
 STREET ADDRESS **3723 59TH ST. N. #5**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **SD** Change Addition
 NAME **Touchton, Sharon**
 STREET ADDRESS **891 79th St. No.**
 CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Phyllis A. Bergeron, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

DATE

727-343-9008

Daytime Phone #

CR2E037 (9/99)