## DOCUMENT # **751699** May 16, 2000 8:00 am Secretary of State SUNSET COVE CONDOMINIUM ASSOCIATION, INC. 05-16-2000 90125 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 625 N RIVER DR C/O CONCEPT MGMT SERVICE 7136 SE OSPREY STREET STUART FL 34994 HOBE SOUND FL 33455-6159 2. Principal Place of Business 3. Mailing Address c/o Concept Mamt. Service Suite, Apt. #, etc. 400 Toney Penna Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Myriter Florida 59-2073252 Not Applicable Country Zip Country <del>3</del>3458 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORNETT, JANES L. **WACKEEN CORNETT & GOOGE** 401 E OSCEOLA STREET 1ST FLR City Zip Code Fl STUART FL 34995 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition Delete CHRIS PERRY TITLE TD TITLE NAME MCGUIRE, MARY NAME 625 NORTH RIVER DRIVE # 101 STREET ADDRESS STREET ADDRESS 625 N. RIVER DRIVE #202 FL 34994 Stuart. CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITLE Change Addition TITLE 🔀 Delete NAME ALLEN, GLORIA NAME STREET ADDRESS STREET ADDRESS 625 N RIVER DR #407 CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change TITLE STD Delete TITLE Addition NAME DURAN, JANET STREET ADDRESS STREET ADDRESS 625 NORTH RIVER DRIVE #105 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITLE ۷D ☐ Delete TITLE Addition bs NAME NAME DOYLE, JOYCE Jan Duran STREET ADDRESS STREET ADDRESS 635 NORTH RIVER DRIVE #301 625 North River Drive #105 CITY-ST-ZIP CITY-ST-ZIP <u>Stuart Fl 34994</u> <del>Stuart, Fl.</del> 34994 ☐ Delete TITLE ☐ Change ☐ Addition TITLE. PD NAME NAME allen, James STREET ADDRESS STREET ADDRESS 625 NORTH RIVER DRIVE #407 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO