

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90238 025 ****61.25

DOCUMENT # 751699

1. Entity Name
SUNSET COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**625 N RIVER DR
STUART FL 34994**

Mailing Address

**C/O CONCEPT MGMT SERVICE
400 TONEY PENNA DR
JUPITER FL 33458
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 **59-2073252**

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

7. Name and Address of New Registered Agent

**CORNETT, JAMES L.
WACKEN CORNETT & GOOGE
401 E OSCEOLA STREET 1ST FLR
STUART FL 34995**

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 **TD** ☐ Delete
NAME **MCGUIRE, MARY**
STREET ADDRESS **625 N. RIVER DRIVE #202**
CITY-ST-ZIP **STUART FL 34994**

TITLE **PD** ☐ Change ☒ Addition
NAME **ROGER SHERMAN**
STREET ADDRESS **625 NORTH RIVER DRIVE #106**
CITY-ST-ZIP **STUART FL 34994**

TITLE **DS** ☐ Delete
NAME **DURAN, JAN**
STREET ADDRESS **625 NORTH RIVER DRIVE #105**
CITY-ST-ZIP **STUART FL 34994**

TITLE **VD** ☐ Change ☒ Addition
NAME **LOUISE KEENE**
STREET ADDRESS **625 NORTH RIVER DRIVE #408**
CITY-ST-ZIP **STUART FL 34994**

TITLE **PD** ☒ Delete
NAME **DOYLE, JOYCE**
STREET ADDRESS **635 NORTH RIVER DRIVE #301**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Change ☒ Addition
NAME **RUTH BETTINGER**
STREET ADDRESS **625 NORTH RIVER DRIVE #404**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **JOYCE DOYLE**
STREET ADDRESS **625 NORTH RIVER DRIVE #301**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **THOMAS MITCHELL**
STREET ADDRESS **625 NORTH RIVER DRIVE #403**
CITY-ST-ZIP **STUART FL 34994**

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.

CR2E037 (10/02)

SIGNATURE:

SIGNATURE REQUIRED

2-18-03

772-692-8041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR