

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751879

1. Entity Name

SUNSET OF FORT MYERS CONDOMINIUM ASSOCIATION, IN

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90012 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1925 CLIFFORD STREET  
 SUITE 102  
 FT. MYERS FL 33901-3232

1925 CLIFFORD STREET  
 SUITE 102  
 FT. MYERS FL 33901-3232



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

59-2139172

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

ASP, JOHN  
 1925 CLIFFORD ST  
 #105  
 FT MYERS FL 33901

Name: SANNE, Betty L.  
 Street Address (P.O. Box Number is Not Acceptable):  
1925 CLIFFORD ST.  
# 102  
 City: Ft. MYERS FL Zip Code: 33901

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: Betty L. Sanne President DATE: 2-21-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: P  Delete  
 NAME: ASP, JOHN  
 STREET ADDRESS: 1925 CLIFFORD ST, 1301  
 CITY-ST-ZIP: FT MYERS FL 33901

TITLE: P/D  Change  Addition  
 NAME: SANNE, Betty L.  
 STREET ADDRESS: 1925 CLIFFORD ST. #1001  
 CITY-ST-ZIP: Ft. MYERS, FL. 33901

TITLE: VPD  Delete  
 NAME: LUTZ, J.P.  
 STREET ADDRESS: 1925 CLIFFORD ST, #1202  
 CITY-ST-ZIP: FT MYERS FL

TITLE: S/D  Change  Addition  
 NAME: SCOTT, ELBERT E.  
 STREET ADDRESS: 1901 CLIFFORD ST. # 702  
 CITY-ST-ZIP: Ft. MYERS, FL. 33901

TITLE: TD  Delete  
 NAME: FOCO, MURIEL K  
 STREET ADDRESS: 1925 CLIFFORD ST, #203  
 CITY-ST-ZIP: FT MYERS FL

TITLE: D  Change  Addition  
 NAME: ASP, JOHN  
 STREET ADDRESS: 1925 CLIFFORD ST. #1301  
 CITY-ST-ZIP: Ft. MYERS, FL. 33901

TITLE: SD  Delete  
 NAME: SANNE, BETTY L  
 STREET ADDRESS: 1925 CLIFFORD ST #1001  
 CITY-ST-ZIP: FT MYERS FL

TITLE: D  Change  Addition  
 NAME: VIRGINIA SPLITT  
 STREET ADDRESS: 1925 CLIFFORD ST #903  
 CITY-ST-ZIP: Ft. MYERS, FL. 33901

TITLE: VP  Delete  
 NAME: WHIDDON, FRAN  
 STREET ADDRESS: 1901 CLIFFORD ST SV-201  
 CITY-ST-ZIP: FT MYERS FL 33901

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

TITLE: BM  Delete  
 NAME: BEAM, ROBERT  
 STREET ADDRESS: 1901 CLIFFORD ST SV-1003  
 CITY-ST-ZIP: FT MYERS FL 33901

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

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: Betty L. Sanne (Betty L. Sanne) DATE: 2-21-00 941-334-6124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)