

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90014 025 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 751879

1. Entity Name

SUNSET OF FORT MYERS CONDOMINIUM ASSOCIATION, IN

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

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

SANNE, BETTY
 1925 CLIFFORD ST
 102
 FT MYERS FL 33901

Name VAN Tilburg, Lee J.
 Street Address (P.O. Box Number is Not Acceptable) 1925 Clifford St # 102
 City Fort 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

Lee J. Van Tilburg

CAM MANAGER

01/03/01

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	SANNE, BETTY L	1925 CLIFFORD ST, 1301	FT MYERS FL 33901	<input type="checkbox"/>
SD	SCOTT, ELBERT E	1925 CLIFFORD ST, #1202	FORT MYERS FL 33901	<input checked="" type="checkbox"/>
D	ASP, JOHN	1925 CLIFFORD ST # 1301	FORT MYERS FL 33901	<input checked="" type="checkbox"/>
SD	SANNE, BETTY L	1925 CLIFFORD ST #1001	FT MYERS FL	<input checked="" type="checkbox"/>
VP	WHIDDON, FRAN	1901 CLIFFORD ST SV-201	FT MYERS FL 33901	<input type="checkbox"/>
BM	BEAM, ROBERT	1901 CLIFFORD ST SV-1003	FT MYERS FL 33901	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	Change	Addition
V/D	Emmens, Judy	1901 Clifford St # 801	Fort Myers, FL 33901	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	Whiddon, Fran	1901 - Clifford St # 201	Fort Myers FL 33901	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T/D	Foco, Muriel	1925 clifford st # 203	Fort Myers FL 33901	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Lake Allan	1901 Clifford St # 902	Fort Myers, FL 33901	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Lutz, J. P.	1925 clifford st # 1202	Fort Myers, FL 33901	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Cochrane, Robert	1925 clifford st # 803	Fort Myers FL 33901	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Sanne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01 334-2326
 Date Daytime Phone #

CR2E037 (10/00)