

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754591

1. Entity Name

SUNSHINE ON INDIAN SHORES CONDOMINIUM ASSOCIATIO

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90093 040 ****61.25

Principal Place of Business

Mailing Address

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2438146

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

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME TRUJILLO, ALFREDO
STREET ADDRESS 6407, AMBASSADOR
CITY-ST-ZIP TAMPA FL 33615

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

TITLE TD ☐ Delete
NAME SWIRBUL, RICHARD C
STREET ADDRESS 4938 BAYWAY DR
CITY-ST-ZIP TAMPA FL 33629

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

TITLE SD ☐ Delete
NAME SHETTLER, SUZANNE
STREET ADDRESS 1670 FOX RD
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE VD ☐ Delete
NAME FRANK, MARY SUE
STREET ADDRESS 2911 BAYSHORE BLVD 907
CITY-ST-ZIP TAMPA FL 33629-7344

TITLE ☒ Change ☐ Addition
NAME 2611 BAYSHORE BLVD #907
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KYNES, MARGIE
STREET ADDRESS 5103 S NICHOLAS ST
CITY-ST-ZIP TAMPA FL 33611-4115

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:

Alfredo Trujillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/00

CR2E037 (9/99)