

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756903

1. Entity Name

SUNSET COURTS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90011 024 ****61.25

Principal Place of Business

5701 OVERSEAS HWY #17
 C/O ALFRED K FRIGOLA
 MARATHON FL 33050

Mailing Address

5701 OVERSEAS HWY #17
 C/O ALFRED K FRIGOLA
 MARATHON FL 33050-2784

2. Principal Place of Business

102 AVENUE D

3. Mailing Address

102 AVENUE D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7

7

City & State
 MARATHON FL

City & State
 MARATHON FL

Zip
 33050

Country
 US

Zip
 33050

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIGOLA, ALFRED K
 5701 OVERSEAS HWY #17
 MARATHON FL 33050

7. Name and Address of New Registered Agent

Name: JON CRONISE
 Street Address (P.O. Box Number is Not Acceptable): 102 AVENUE D # 7
 City: MARATHON FL Zip Code: 33050

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 4-12-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BUNDA, NORMA F	
STREET ADDRESS	5701 OVERSEAS HWY #17	
CITY-ST-ZIP	MARATHON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRIGOLA, ALFRED K	
STREET ADDRESS	5701 OVERSEAS HWY #17	
CITY-ST-ZIP	MARATHON FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BUNDA, ANDREW J	
STREET ADDRESS	12 OAKHURST ROAD	
CITY-ST-ZIP	SIMSBURY CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JON CRONISE	
STREET ADDRESS	102 AVENUE D # 7	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	V-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH LECLAIR	
STREET ADDRESS	102 AVENUE D # 6	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA SIEVEN	
STREET ADDRESS	10935 SW. 105TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)