

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90027 019 \*\*\*\*61.25

**DOCUMENT # 763503**

1. Entity Name

**BASS & SUN CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business

500 N FRANCISCO STREET  
CLEWISTON FL 33440

Mailing Address

500 N FRANCISCO STREET  
CLEWISTON FL 33440

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2194193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDRY, JODY M.  
606 W. SUGARLAND HWY.  
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2004**

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

TITLE PD  
NAME HURST, ROBERT ☐ Delete  
STREET ADDRESS 500 N FRANCISCO #120  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D  
NAME HUTCHINGS, ALAN ☐ Delete  
STREET ADDRESS 500 N FRANCISCO ST #129  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE SD  
NAME TAGGART, CLAIRE ☒ Delete  
STREET ADDRESS 500 N FRANCISCO ST #201  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE T  
NAME BREAKFIELD, GARY ☐ Delete  
STREET ADDRESS 500 N FRANCISCO ST #225  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE V  
NAME GASTON, BOB ☐ Delete  
STREET ADDRESS 500 N. FRANCISCO #239  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE SD ☐ Change ☒ Addition  
NAME Polly Graham  
STREET ADDRESS 500 N. FRANCISCO ST. #114  
CITY-ST-ZIP Clewiston, FL 33440

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

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

TITLE D. ☐ Change ☒ Addition  
NAME Becky Rushin  
STREET ADDRESS 500 N. FRANCISCO ST.  
CITY-ST-ZIP Clewiston, FL 33440

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04 863-983-3131  
Date Daytime Phone #