

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A-1)

FILED
May 04, 2005 8:00 am
Secretary of State

03-21-2005 90096 034 ****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.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2194193	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 3/14/05					
FILE NOW FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURST, ROBERT 500 N FRANCISCO #120 CLEWISTON FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINGS, ALAN 500 N FRANCISCO ST #129 CLEWISTON FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAHAM, POLLY 500 N FRANCISCO ST., #114 CLEWISTON FL 33440	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BREAKFIELD, GARY 500 N FRANCISCO ST #225 CLEWISTON FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GASTON, BOB 500 N. FRANCISCO #239 CLEWISTON FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHIN, BECKY 500 N FRANCISCO ST. CLEWISTON FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rushin, Becky 500 N. FRANCISCO ST. #230 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:  GARY L BREAKFIELD 4/27/05 963 228 3013 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					