

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90061 024 ****66.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BLACK, CARLOS	
STREET ADDRESS	500 N FRANCISCO #133	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HURST, ROBERT	
STREET ADDRESS	500 N. FRANCISCO ST #120	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, PAUL	
STREET ADDRESS	500 N FRANCISCO #114	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BREAKFIELD, GARU	
STREET ADDRESS	500 N. FRANCISCO ST	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	V	<input type="checkbox"/> Delete
NAME	GASTON, BOB	
STREET ADDRESS	500 N. FRANCISCO #239	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Hurst	
STREET ADDRESS	500 N. FRANCISCO ST. #120	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Hutchings	
STREET ADDRESS	500 N. FRANCISCO ST. #129	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRE TASSART	
STREET ADDRESS	500 N. FRANCISCO ST. #201	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAKFIELD, GARU	
STREET ADDRESS	500 N. FRANCISCO ST #225	
CITY-ST-ZIP	Clewiston, FL 33440	
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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/03 863/883/3131

CR2E037 (10/02)