

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90091 038 \*\*\*\*61.25

**DOCUMENT # N05799**

1. Entity Name

**SUNSET COVE AT CHOKOLOSKEE CONDOMINIUM ASSOCIATI  
 ON, INC.**

Principal Place of Business

Mailing Address

STATE ROAD 29  
 CHOKOLOSKEE FL 34138  
 US

P.O. BOX 11209  
 NAPLES FL 34101-1209  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0142134**

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, STEPHEN P  
 COLLIER FINANCIAL INC  
 4985 E TAMiami TRAIL  
 NAPLES FL 34113**

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	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>NIXON, JANE</b>	
STREET ADDRESS	<b>P O BOX 191 HWY 29</b>	
CITY-ST-ZIP	<b>CHOKOLOSKEE FL 34138</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GRILLO, VINCENT</b>	
STREET ADDRESS	<b>P O BOX 656 155 SMALLWOOD DR</b>	
CITY-ST-ZIP	<b>CHOKOLOSKEE FL 34138</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SPROSS, SANDRA</b>	
STREET ADDRESS	<b>PO BOX 714</b>	
CITY-ST-ZIP	<b>CHOKOLOSKEE FL 34138</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:** *Jane Nixon* **DATE:** *4-9-02* **DAYTIME PHONE #:** *941-695-3788*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE