## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 31, 2002 8:00 am § Secretary of State **DOCUMENT # N31256** 1. Entity Name 03-31-2002 90052 003 \*\*\*\*61 25 THE SUNSET LANDING ASSOCIATION, INC. Principal Place of Business Mailing Address 5532 SUNSET LANDING 5532 SUNSET LANDING ST. AUGUSTINE FL 32080 ST. AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Dity & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIELINSKI, STAN 5549 SUNSET LANDING CIRCLE ST AUGUSTINE FL 32080 8. The above named entity submits this statement for the purpose of changing its registered office or registered agen or both, in the state of Florida. 9. Election Campaign Financing Make Check Payable to \$5,00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE ☐ Change Addition TITLE Zielinski, stan NAME NAME STREET ADDRESS 5549 SUNSET LANDING CR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32080 TITLE Delete TITLE STANLEY, JACK NAME NAME 5501 SUNSET LANDING CR. STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ST. AUGUSTINE FL 32080 TITLE Delete TITLE LANGDON, ELIZABETH NAME NAME 5532 SUNETT LANDING CR. STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32080 ÇITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

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.

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**FILED**