

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90037 036 \*\*\*\*61.25

**DOCUMENT # N94000002466**

1. Entity Name

**SUN KEY VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8607 26 AVE EAST  
 PALMETTO FL 34221

8607 26 AVE EAST  
 PALMETTO FL 34221-9772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0552631**

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

**LIS/CH, ERNIE C**  
**3011 MANATEE AVE. WEST**  
**BRADENTON FL 34205**

Name

**LISCH**

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:**  
**SEE 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 **PD**  Delete  
 NAME **BRESLIN, WALLY**  
 STREET ADDRESS **2613 86TH LANE EAST**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GAYNOR, EDWARD**  
 STREET ADDRESS **8709 26TH AVE EAST**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VD**  Change  Addition  
 NAME **CLARK, WILLIAM**  
 STREET ADDRESS **2711 86TH STREET, EAST**  
 CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **VD**  Delete  
 NAME **STOLLE, WILLIAM**  
 STREET ADDRESS **8710 26TH AVE. EAST**  
 CITY-ST-ZIP **PALMETTO FL**

TITLE **D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **LAZARCZYK, FRANK**  
 STREET ADDRESS **8608 27TH AVE EAST**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BLANCHARD, BERT**  
 STREET ADDRESS **2712 88TH STREET EAST**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **PD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PATTON, GLORIA**  
 STREET ADDRESS **2612 87TH TERRACE EAST**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **SD**  Change  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:

*Frank Lazarczyk*  
**FRANK LAZARCZYK**

**1/17/00**  
 Date

**729-0710**  
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR