

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004978

1. Entity Name

SUNSTONE ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90035 013 ****61.25

Principal Place of Business

Mailing Address

~~1400 FIFTH AVE S.~~
~~STE 201~~
~~NAPLES FL 34102~~
~~US~~

~~1400 FIFTH AVE S.~~
~~STE 201~~
~~NAPLES FL 34102-6407~~
~~US~~

2. Principal Place of Business

37 MENTOR DR.
 Suite, Apt. #, etc.

3. Mailing Address

37 MENTOR DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 NAPLES, FL

City & State
 NAPLES, FL

4. FEI Number
 65-0602042

Applied For
 Not Applicable

Zip
 34110

Country
 US

Zip
 34110

Country
 US

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

KRAUS, CHERYL R
 1072 GOODLETTE RD.
 NAPLES FL 34102

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	NAGAR, JACOB N	
STREET ADDRESS	8001 RADIO RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHILLING, CINDY	
STREET ADDRESS	780 S. COLLIER BLVD. #508	
CITY-ST-ZIP	MARCO ISLAND FL 34115	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BERNERT, JAN	
STREET ADDRESS	8001 RADIO ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER VENET	
STREET ADDRESS	9060 MICHAEL CIR # 407	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN BARTROP	
STREET ADDRESS	8001 RADIO RD.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

4/30/00

Date Daytime Phone #

CF12E037 (9/99)