2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90129 047 ****61.25

DOCUMENT # N95000002970

1. Entity Name

SUNSET CAY VILLAS II CONDOMINIUM ASSOCIATION, IN

Principal Place of Business	Mailing Address
4500 EXECUTIVE DRIVE STE 300 NAPLES FL 34119 US	10060 AMBERWOOD RD STE 3 FT MYERS FL 33913-8522 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
303 Fillmore St	303 Fillmore St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. FEI Number: 65-0650353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GELLES, BOB
C/O GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD, #3
FT MYERS FL 33913

7. Name and Address of New Registered Agent

Name: William N. Adkins
Street Address (P.O. Box Number is Not Acceptable): 303 Fillmore St
City: Naples FL Zip Code: 34104

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: William N. Adkins William N Adkins 4/4/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCALEAR, ANGIE 242 NEWPORT DR #2 NAPLES FL 24114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3D 242 Newport Drive #502	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST EILBERT, RONALD 242 NEWPORT DR #7 NAPLES FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD 242 Newport Drive #507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KIVIRANNA, HENRO 230 NEWPORT DR #10 NAPLES FL 34114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEIS, THOMAS 205 NEWPORT DR #3 NAPLES FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 206 Newport Drive #803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SLEDJESKI, THOMAS 205 NEWPORT DR #9 NAPLES FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	206 Newport Drive #809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Donald Wood 230 Newport Drive #605 Naples, FL 34114	☐ Change ☒ Addition

CR2E037 (9/99)

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: Thomas W. Weis PD Pres 4-17-00 941-389-9327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #