

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002970

1. Entity Name

SUNSET CAY VILLAS II CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

303 FILLMORE ST
NAPLES FL 34104
US

Mailing Address

303 FILLMORE ST
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

ADKINS, WILLIAM H
303 FILLMORE ST
NAPLES FL 34104

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 NAME STREET ADDRESS CITY-ST-ZIP	SD MCALEAR, ANGIE 242 NEWPORT DR., #502 NAPLES FL 34114 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EILBERT, RONALD 242 NEWPORT DR., #507 NAPLES FL 34114 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIS, THOMAS 206 NEWPORT DR., #803 NAPLES FL 34114 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SLEDJESKI, THOMAS 206 NEWPORT DR., #809 NAPLES FL 34114 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, DONALD 230 NEWPORT DR., #605 NAPLES FL 34114 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gilbert, Ronald ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kenshaw, Roger 112 Newport Cay Naples, FL 34114 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Angie McClear

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90089 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)