

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90101 039 \*\*\*\*61.25

**DOCUMENT # N96000000461**

1. Entity Name  
**VILLAS AT SUNSET POINT HOMEOWNERS ASSOCIATION, I NC.**

Principal Place of Business <b>2060 HIGHWAY A1A          SUITE 308          SATELLITE BEACH FL 32937</b>	Mailing Address <b>2060 HIGHWAY A1A          SUITE 308          SATELLITE BEACH FL 32937</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>INDIAN HARBOR BEACH, FL</b>	City & State <b>INDIAN HARBOR BEACH, FL</b>
Zip <b>32937</b>	Zip <b>32937</b>
Country	Country

4. FEI Number <b>59-3512590</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FLEIS, EDWARD M  
 2060 HIGHWAY A1A  
 SUITE 308  
 SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**INDIAN HARBOR BEACH FL** Zip Code  
**32937**

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEIS, EDWARD M</b> <b>1090 HIGHWAY A1A STE 200</b> <b>SATELLITE BEACH FL 32937</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEIS, GERARD J</b> <b>1090 HIGHWAY A1A STE 200</b> <b>SATELLITE BEACH FL 32937</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEIS, BARBARA A</b> <b>1090 HIGHWAY A1A STE 200</b> <b>SATELLITE BEACH FL 32937</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRISON, WALLACE</b> <b>180 SEA DUNES DRIVE</b> <b>MELBOURNE BEACH FL 32951</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FLEIS, EDWARD M.</b> <b>2060 Highway A1A, Suite 308</b> <b>Indian Harbour Beach, FL 32937</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FLEIS, GERARD J.</b> <b>2060 Highway A1A, Suite 308</b> <b>Indian Harbour Beach, FL 32937</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FLEIS, BARBARA A.</b> <b>2060 Highway A1A, Suite 308</b> <b>Indian Harbour Beach, FL 32937</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **2/21/2002** (321) 779-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)