

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006039

1. Entity Name

SUN HARBOUR CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90118 037 ****61.25

Principal Place of Business

Mailing Address

851 COLLIER CT
MARCO ISLAND FL 34145
US

P.O. BOX 1514
MARCO ISLAND FL 34146-1514
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3501808

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

YACONO, RICK
834 BALD EAGLE DR
MARCO ISLAND FL 34145

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 DP ☐ Delete
NAME SEWELL, GUY
STREET ADDRESS 851 COLLIER CT #7
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE DT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME HERSHBERGER, ROY
STREET ADDRESS 851 COLLIER CT #3
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME ROGER, SANDI
STREET ADDRESS 851 COLLIER CT #5
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE DVP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Change ☒ Addition
NAME HERSHBERGER, KATHLEEN
STREET ADDRESS 1802 TURBAN COURT
CITY-ST-ZIP FT. MYERS, FL 33908-1619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Guy Sewell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)