2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N9700005501 Jul 19, 2000 8:00 am Secretary of State 1. Entity Name SUNSCAPE CONDOMINIUM ASSOCIATION, INC. 03-01-2000 90033 019 ****61.25 Principal Place of Business Mailing Address 1639 E. CAPE CORAL PKWY. 1639 E. CAPE CORAL PKWY. SUITE 103 SUITE 103 CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business 1140 Lee Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc wife 102 City & State Applied For 4. FEI Number 65-0848094 **VCL67** Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired W)A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHERER, ELAINE C 1639 E. CAPE CORAL PKWY. SUITE 103 ZP23936 CAPE CORAL FL 33986 8. The above name 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **DP\$T** Detete TITLE Addition TITLE SHERER, ELAINE C NAME NAME 1639 E. CAPE CORAL PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-7IF DVP Change ☐ Addition TITLE Delete TITLE WHOLLY WARL TI A-6060 HALL KNOLL, KARL NAME NAME PURNERSTRASSE 7, A-6060 HALL STREET ADDRESS STREET ADDRESS TIROL, AUSTRIA CUROPE CITY-ST~ZIP TIROL, AUSTRIA, EUROPE CITY-ST-ZIP DST Change ☐ Addition ☐ Delete TITLE TITLE PFUNER, HEINZ S NAME NAME 1305 HOMESTEAD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP ☐ Change ☐ Delete Addition | TITLE KRAUSE, PETER NAME NAME QUEGAS 30-D. A-MIEDERS STREET ADDRESS STREET ADDRESS CITY-ST-7IP AUSTRIA/EUROPE CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied entail 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 of trustee simply sected execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if er of trustee with an add changed, or on an attachme