

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90072 043 ****70.00

DOCUMENT # N99000001119

1. Entity Name

SUNNY LODGES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1710 EAST CAPE CORAL PARKWAY
 CAPE CORAL FL 33904

1710 EAST CAPE CORAL PARKWAY
 CAPE CORAL FL 33904-9620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEAGER CHEFFY, JANE
 2375 TAMiami TRAIL NORTH
 SUITE 310
 NAPLES FL 34103

Name

RIEDLINGER, THOMAS

Street Address (P.O. Box Number is Not Acceptable)

1710 EAST CAPE CORAL PKWY.

City

CAPE CORAL

FL

Zip Code

33904

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 *Thomas Riedlinger*, **THOMAS RIEDLINGER - PRESIDENT** 04-11-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 **PD** Delete
 NAME **RIEDLINGER, THOMAS**
 STREET ADDRESS **1710 EAST CAPE CORAL PARKWAY**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **SCHAEFER, ROLF**
 STREET ADDRESS **1710 EAST CAPE CORAL PARKWAY**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VPD** Change Addition
 NAME **ROUTHIER, MADINE**
 STREET ADDRESS **1710 EAST CAPE CORAL PKWY.**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **STD** Delete
 NAME **REIDLINGER, HEIDRUN**
 STREET ADDRESS **1710 EAST CAPE CORAL PARKWAY**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **STA** Change Addition
 NAME **RIEDLINGER, HEIDRUN**
 STREET ADDRESS **1710 EAST CAPE CORAL PARKWAY**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

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

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: *Thomas Riedlinger* **SIGNATURE REQUIRED** 04-11-00 941-345-365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #