

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745371

1. Entity Name,

SUNWOOD CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90164 032 ****61.25

Principal Place of Business

Mailing Address

4516-4520 SE 6TH PLACE
STE 2C
CAPE CORAL FL 33904
US

4516-4520 SE 6TH PLACE
STE 2C
CAPE CORAL FL 33904
US

80016369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3093945

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

PEEL, ROBERT P
4516 S.E. 6TH PLACE
STE 2C
CAPE CORAL FL 33904

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
DT
PEEL, PEGGY A
4516 SE 6TH PL SUITE 2C
CAPE CORAL FL 33904 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
OUELLETTE, DOROTHEA
4520 SE 6TH PL SUITE 1B
CAPE CORAL FL 33904 ☐ Delete

TITLE
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☐ Change ☐

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PEEL, ROBERT P
4516 SE 6TH PL SUITE 2C
CAPE CORAL FL 33904 ☐ Delete

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☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-1-2000 944 542 5164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #