

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90084 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 205459

1. Entity Name
**SUNWAY PROPERTIES OF SOUTHWEST FLORIDA,
INC.**



Principal Place of Business
**840 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572**

Mailing Address
**840 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572**



2. Principal Place of Business

3. Mailing Address
200 South Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Sarasota, FL

4. FEI Number
59-0808337

Applied For
Not Applicable

Zip

Country

Zip
34236

Country
US

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

**SAUNDERS, JAMES E JR.
840 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572**

Name
E. JOHN WAGNER, II

Street Address (P.O. Box Number is Not Acceptable)
200 South Orange Avenue

City
Sarasota

FL

Zip Code
34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/03

**FILE NOW!!! FEE IS \$100.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAIST, SHIRLEY I
2 TAMiami TRAIL NORTH
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
SAUNDERS, JAMES E JR.
840 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
SAUNDERS, CINDY L
840 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E Saunders Jr. 5-28-03

Date

Daytime Phone #

CR2E034 (10/02)