

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706490

1. Entity Name

SUNSET BEACH CIVIC ASSOCIATION INC

FILED

Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90009 043 \*\*\*\*70.00

Principal Place of Business

8451 BLIND PASS DR  
C/O SUSAN DIBONA  
TREASURE ISLAND FL 33706  
US

Mailing Address

8451 BLIND PASS DR  
C/O SUSAN DIBONA  
TREASURE ISLAND FL 33706-3415  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

DIBONA, SUSAN H  
8451 BLIND PASS DR.  
TREASURE ISL FL 33706

7. Name and Address of New Registered Agent

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

*Susan H Dibona*

*Treasurer 01-08-2000*

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNLEY, ROSALIE	
STREET ADDRESS	8541 W. GULF BLVD.	
CITY-ST-ZIP	TREASURE ISL FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIPPKE, BETTY	
STREET ADDRESS	37-80TH TERR	
CITY-ST-ZIP	TREASURE ISL FL 33706	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIBONA, JAMES J	
STREET ADDRESS	8451 BLIND PASS DR	
CITY-ST-ZIP	TREASURE ISL FL 33706	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LENEHAN, DAN	
STREET ADDRESS	36 82ND AVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHWARTZ, DAN	
STREET ADDRESS	8662 86TH TERRACE, #2	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEBONA, SUSAN H	
STREET ADDRESS	8451 BLIND PASS DR	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Lenahan, Melinda</i>	
STREET ADDRESS	<i>36 82nd Ave</i>	
CITY-ST-ZIP	<i>Treasure Island FL 33706</i>	
TITLE	<i>VP</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Acton, B.C.</i>	
STREET ADDRESS	<i>8300 BAYSHORE DRIVE</i>	
CITY-ST-ZIP	<i>Treasure Island FL 33706</i>	
TITLE	<i>P</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Lenahan, Dan</i>	
STREET ADDRESS	<i>36 82nd Ave.</i>	
CITY-ST-ZIP	<i>Treasure Island FL 33706</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SCHWARTZ, DAN</i>	
STREET ADDRESS	<i>8662 86th Terrace #2</i>	
CITY-ST-ZIP	<i>Treasure Island FL 33706</i>	
TITLE	<i>T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dibona, Susan H.</i>	
STREET ADDRESS	<i>8451 Blind Pass Drive</i>	
CITY-ST-ZIP	<i>Treasure Island FL 33706</i>	

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:

*Susan H Dibona*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01-08-2000 727-217-1527*

Date

Daytime Phone #