

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90174 022 ****70.00

DOCUMENT # 706490

1. Entity Name

SUNSET BEACH CIVIC ASSOCIATION INC

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

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

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 **D** ☐ Delete
 NAME **BROWNLEY, ROSALIE**
 STREET ADDRESS **8541 W. GULF BLVD.**
 CITY-ST-ZIP **TREASURE ISL FL 33706**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Anderson, Rhonda**
 STREET ADDRESS **324 BAY PLAZA**
 CITY-ST-ZIP **Treasure Island FL 33706**

TITLE **D** ☒ Delete
 NAME **DEBIASE, RON**
 STREET ADDRESS **7675 BAYSHORE DR**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **SURV. MARTIN**
 STREET ADDRESS **117-86TH AVENUE**
 CITY-ST-ZIP **Treasure Island FL 33706**

TITLE **VP** ☒ Delete
 NAME **ACTON, B.C.**
 STREET ADDRESS **8300 BAYSHORE DR**
 CITY-ST-ZIP **TREASURE ISL FL 33706**

TITLE **D** ☐ Change ☒ Addition
 NAME **Price, KATHRYN**
 STREET ADDRESS **8560 West Gulf Blvd., #103**
 CITY-ST-ZIP **Treasure Island FL 33706**

TITLE **D** ☐ Delete
 NAME **LIPPKKE, BETTY**
 STREET ADDRESS **37 80TH TERRACE**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **D** ☐ Change ☒ Addition
 NAME **SIERRA, CANDACE**
 STREET ADDRESS **117-86TH AVENUE**
 CITY-ST-ZIP **Treasure Island FL 33706**

TITLE **D** ☐ Delete
 NAME **SCHWARTZ, DAN**
 STREET ADDRESS **8662 86TH TERRACE, #2**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **S/D** ☒ Change ☐ Addition
 NAME **SCHWARTZ, DAN**
 STREET ADDRESS **8662-86TH TERRACE #2**
 CITY-ST-ZIP **Treasure Island FL 33706**

TITLE **T** ☐ Delete
 NAME **DIBONA, SUSAN H**
 STREET ADDRESS **8451 BLIND PASS DR**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **D** ☒ Addition
 NAME **SMITH, JOE**
 STREET ADDRESS **52-77th Avenue**
 CITY-ST-ZIP **Treasure Island FL 33706**

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

Date **01-10-2002** Daytime Phone # **367-6651**

CR2E037 (9/01)