

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90449 042 ****61.25

DOCUMENT # 723161

1. Entity Name

SUNSET ISLE COMMUNITY ASSOCIATION, INC

Principal Place of Business

**5975 N W 84TH TERRACE
TAMARAC FL 33321**

Mailing Address

**8423 N.W. 59 ST
TAMARAC FL 33321
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

59-1446329

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

**NELSON, SUE
8423 NW 59 ST
TAMARAC FL 33321**

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 PD ☐ Delete
NAME NELSON, SUE
STREET ADDRESS 8423 N.W. 59 ST
CITY-ST-ZIP TAMARAC FL 33321

TITLE ~~ST~~ ☐ Change ☒ Addition
NAME LOUISE REYNOLDS
STREET ADDRESS 8308 N.W. 59TH CT
CITY-ST-ZIP TAMARAC FL 33321

TITLE ST ☒ Delete
NAME JAMES, ESTHER
STREET ADDRESS 8105 NW 59 PL
CITY-ST-ZIP TAMARAC FL 33321

TITLE ~~VP~~ ☐ Change ☒ Addition
NAME FLORENCE CAPPELLO
STREET ADDRESS 8604 N.W. 59TH PL
CITY-ST-ZIP TAMARAC, FLA 33321

TITLE VP ☒ Delete
NAME PARSONS, KAY
STREET ADDRESS 8509 NW 59 ST
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE TT ☐ Delete
NAME RUTOWICZ, John *Please ADD 1ST NAME*
STREET ADDRESS 8607 NW 59 CT
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE *ST LOUISE REYNOLDS* ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE *FLORENCE CAPPELLO* ☐ 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: *SUE NELSON* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01

954-720-1950

Date

Daytime Phone #

CR2E037 (10/00)