2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90102 005 ****61.25

DOCUMENT # 738502

1. Entity Name

SUNBOW BAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. BOX 10067 FL 34282	P.O. BOX 10067 BRADENTON FL 34282-0067 US

B00008546

DO NOT WRITE IN THIS SPACE

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 59-1762555 ☐ 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
HARMONY MANAGEMENT 4400 EL CONQUISTADOR PKWY BRADENTON FL 34282	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	~~SD~~ DIRECTOR STORM, CAROL 3801 E BAY DR #104 HOLMES BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT~~ PD DENNIS ROSE 3701 EAST BAY DR #4B HOLMES BEACH, FL 34217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ DIRECTOR WOOD, STEPHEN 3705 E. BAY DR. HOLMES BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECRETARY~~ SD DAVID BEATON 3803 EAST BAY DR # 3A HOLMES BEACH, FL 34217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMES, RUTH 3801 E BAY DR HOLMES BEACH FL 34217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ D CAROL STORM 3801 EAST BAY DR # 104 HOLMES BEACH, FL 34217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ DIRECTOR RAYMOND, VIOLA 3705 E BAY DRIVE UNIT 108 HOLMES BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ D STEVE WOOD 3705 EAST BAY DR, #208 HOLMES BEACH, FL 34217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ TREASURER CAPO, VINCENT 3705 E BAY DRIVE HOLMES BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ D RAY VIOLA 3705 EAST BAY DR #108 HOLMES BEACH, FL 34217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINK, JEAN 3805 E BAY DR HOLMES BEACH FL 34217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TREASURER~~ DT VINCE CAPO 3705 EAST BAY DR #216 HOLMES BEACH, FL 34217	☒ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED DENNIS ROSE PRESIDENT 1/13/00 941-778-0682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #