

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738875

1. Entity Name

SUNSET SOUTH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90197 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1341 MIDDLE GULF DR.  
 SANIBEL FL 33957-4618

1341 MIDDLE GULF DR.  
 SANIBEL FL 33957-4618

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

59-1444738

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, DAVID A.  
 C/O ISLAND FINANCIAL  
~~2440 PALM RIDGE ROAD~~  
 SANIBEL FL 33957

Name

Street Address (P.O. Box Number is Not Acceptable)

695 TARPON BAY ROAD #5

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 *Robert P. Mooney, President*

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

(NOTE: Registered Agent signature required when reinstating)

4/5/2000  
 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	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHEIDIG, FRED A.	
STREET ADDRESS	1341 MIDDLE GULF DR. 10C	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOHN	
STREET ADDRESS	1340 MIDDLE GULF DR 7-D	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONG, WILLIAM	
STREET ADDRESS	1341 MIDDLE GULF DR 2-D	
CITY-ST-ZIP	SANIBEL FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EHRET, RICHARD	
STREET ADDRESS	1340 MIDDLE GULF DR 6-D	
CITY-ST-ZIP	SANIBEL FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOONEY, ROBERT	
STREET ADDRESS	1341 MIDDLE GULF DR 3-B	
CITY-ST-ZIP	SANIBEL FL	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	OWENS, DAVID A	
STREET ADDRESS	2440 PALM RIDGE ROAD	
CITY-ST-ZIP	SANIBEL FL	

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT P. MOONEY	
STREET ADDRESS	1341 MIDDLE GULF DR, UNIT 3-B	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BOLING	
STREET ADDRESS	1341 MIDDLE GULF DR, UNIT 10B	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODNEY HENDRICKSON	
STREET ADDRESS	1341 MIDDLE GULF DR, UNIT 11-D	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELMER BROWN	
STREET ADDRESS	1340 MIDDLE GULF DR, UNIT 8D	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN ROSE	
STREET ADDRESS	1341 MIDDLE GULF DR, UNIT 5D	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, DAVID A	
STREET ADDRESS	695 TARPON BAY Rd #5	
CITY-ST-ZIP	SANIBEL, FL 33957	

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:

*Robert P. Mooney, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 492-5735

CR2E037 (9/99)