

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90058 047 ****61.25

1001001

DOCUMENT # 738875

1. Entity Name

SUNSET SOUTH CONDOMINIUM ASSOCIATION, INC.

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
695 TARPON BAY RD #5
SANIBEL FL 33957

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:	PS	<input type="checkbox"/> Delete
NAME	MOONEY, ROBERT P	
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	VT	<input checked="" type="checkbox"/> Delete
NAME	BOLING, ROBERT	
STREET ADDRESS	1341 MIDDLE GULF DR 2-D	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ELMER	
STREET ADDRESS	1340 MIDDLE GULF DR 6-D	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, HELEN	
STREET ADDRESS	1341 MIDDLE GULF DR 3-B	
CITY-ST-ZIP	SANIBEL FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	OWENS, DAVID A	
STREET ADDRESS	685 TARPON BAY RD #5	
CITY-ST-ZIP	SANIBEL FL	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Mooney	
STREET ADDRESS	1341 middle Gulf Drive, 10C	
CITY-ST-ZIP	Sanibel FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Paulson	
STREET ADDRESS	1341 Middle Gulf Drive 4D	
CITY-ST-ZIP	Sanibel FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #