

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 739481**

1. Entity Name

DUNEDIN SUNDOWNERS, INC.**FILED**
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90009 015 *****61.25

Principal Place of Business

Mailing Address

2317 JONES DRIVE
P.O. BOX 951
DUNEDIN FL 34697P O BOX 951
P.O. BOX 951
DUNEDIN FL 34697
US

16772

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

59-1771008

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

Name

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

City

FL

Zip Code

HARINETT, KAY Y
1567 ROXBURY LN
DUNEDIN FL 34698

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 \$61.259. 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	P	THOMAS, DAVID	D	<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		PO BOX 951		
CITY-ST-ZIP		DUNEDIN FL 34697		

TITLE	Leason	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	HARINETT, KAY Y	TD	<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		1567 ROXBURG LB		
CITY-ST-ZIP		DUNEDIN FL 34698		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	MCGARR, PATRICIA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2296 MONACO LANE #22	
CITY-ST-ZIP		CLEARWATER FL 33763	

TITLE	P	JOHN ESPER	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				
STREET ADDRESS		345 Edge Water Dr.		
CITY-ST-ZIP		Dunedin FL 34698		

TITLE	D	KREMSKE, LAYLE	D	<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		1080 MCLEAN ST		
CITY-ST-ZIP		DUNEDIN FL 34698		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

733-8646

Daytime Phone #

CR2E037 (9/01)