# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743167

1. Entity Name

SONRISA CONDOMINIUM ASSOCIATION, INC.

**FILED**
**Mar 29, 2000 8:00 am**
**Secretary of State**
03-29-2000 90020 030 ****61.25

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 2000 GULF BLVD.. #12<br>BELLEAIR BEACH FL ~~34634~~ 33786 | 2000 GULF BLVD.. #12<br>BELLEAIR BEACH FL ~~33786-3466~~ 33786 |

| 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 59-1860357 ☐ 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 |
|---|---|
| BYRD, B.P.<br>2000 GULF BLVD., #12<br>BELLEAIR BEACH FL 34634 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | P<br>BYRD, BONNIE P<br>2000 GULF BLVD., #12<br>BELLEAIR BEACH FL ~~34634~~ 33786 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>Same |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRACKEN, VIRGINIA<br>2000 GULF BLVD., #14<br>BELLEAIR BEACH FL ~~34634~~ 33786 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>SAME |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~JONES, YVONNE~~<br>~~14 HIBISCUS ROAD~~<br>~~BELLEAIR FL 34616~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Janet Peterson<br>5 Nutmeg Court<br>EDISON, NJ. 08820<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~KEMKER, HARRY~~<br>~~1750 SUNNYSIDE AVENUE~~<br>~~HIGHLAND PARK IL 60035~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Dr. George A. Morris<br>1011 JEFFORDS<br>Clearwater, Fla 33756<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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:** B.P. Byrd B.P. BYRD 1-10-2000 727-595-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #