

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744372

1. Entity Name

SUNDIAL EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1401 MIDDLE GULF DR.  
SANIBEL FL 33957

Mailing Address

1401 MIDDLE GULF DR.  
SANIBEL FL 33957-6515

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1976653

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

HULDRUM, KATHLEEN  
254 DANIEL DRIVE  
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 PD  
NAME KING, JAMES  
STREET ADDRESS 24 CEDAR PLACE  
CITY-ST-ZIP GARDEN CITY NY

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME CARMINE, RENDE  
STREET ADDRESS 1401 MIDDLE GULF DRIVE, #5403  
CITY-ST-ZIP SANIBEL FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME CONLEY, THOMAS  
STREET ADDRESS 1739 MILLSTREAM  
CITY-ST-ZIP BALLWIN MO

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME BAHN, MARY  
STREET ADDRESS 23380 COMMERCE PARK DRIV  
CITY-ST-ZIP FARMINGTON HILLS MI

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME RICHARD L MCCANDLESS  
STREET ADDRESS 206 BLUEGRASS DR  
CITY-ST-ZIP BUTLER PA 16001

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AST  
NAME HULDRUM, KATHLEEN  
STREET ADDRESS 254 DANIEL DR.  
CITY-ST-ZIP SANIBEL FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: *KATHLEEN M. HULDRUM* KATHLEEN M. Huldrum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

941 472-0062

Daytime Phone #

CR2E037 (9/99)