

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744372

1. Entity Name

SUNDIAL EAST CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90061 026 ****61.25

Principal Place of Business

1401 MIDDLE GULF DR.
SANIBEL FL 33957

Mailing Address

1401 MIDDLE GULF DR.
SANIBEL FL 33957

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

59-1976653

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 HULDRUM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

941 472-0062

Date

Daytime Phone #

CR2E037 (10/00)