

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 744372**

1. Entity Name

SUNDIAL EAST CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90309 015 ****61.25

Principal Place of Business

Mailing Address

1401 MIDDLE GULF DR.
SANIBEL FL 339571401 MIDDLE GULF DR.
SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1976653

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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]*

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 PD
NAME KING, JAMES
STREET ADDRESS 24 CEDAR PLACE
CITY-ST-ZIP GARDEN CITY NY ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VPD
NAME CARMINE, RENDE
STREET ADDRESS 1401 MIDDLE GULF DRIVE, #5403
CITY-ST-ZIP SANIBEL FL ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VD
NAME CONLEY, THOMAS
STREET ADDRESS 1739 MILLSTREAM
CITY-ST-ZIP BALLWIN MO ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE TD
NAME BAHN, MARY
STREET ADDRESS 23380 COMMERCE PARK DRIV
CITY-ST-ZIP FARMINGTON HILLS MI ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE SD
NAME RICHARD L MCCANDLESS
STREET ADDRESS 208 BLUEGRASS DR
CITY-ST-ZIP BUTLER PA 16001 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE AST
NAME HULDRUM, KATHLEEN
STREET ADDRESS 254 DANIEL DR.
CITY-ST-ZIP SANIBEL FL ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 472-0062

CR2E037 (9/01)