

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90038 009 \*\*\*\*61.25

**DOCUMENT # 745736**

1. Entity Name

**SUNSET HILLS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O BECKER MGMT. INC  
 PO BOX 24756  
 FT LAUDERDALE FL 33307-4756  
 US**

**C/O BECKER MGMT. INC  
 PO BOX 24756  
 FT LAUDERDALE FL 33307-4756  
 US**

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

**59-2005567**

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

**SCHOTTENFELD, DAVID J ESQ  
 % DAVID J SCHOTTENFELD, P.A.  
 7520 NW 5TH ST., STE 203  
 PLANTATION FL 33317**

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  Delete  
 NAME **PSD SPANNOS, NERISSA**  
 STREET ADDRESS **9715 W BROWARD BLVD, #129**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33323**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPDT HAASE, FRANK**  
 STREET ADDRESS **3710 NW 21 ST, #101**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

TITLE  Change  Addition  
 NAME **D DONAVAN YAPP**  
 STREET ADDRESS **320 NW 201 AVE**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE  Delete  
 NAME **D PHANG LYN, CECIL**  
 STREET ADDRESS **11300 ROCKINGHORSE RD**  
 CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GOLDSTEIN, DAN**  
 STREET ADDRESS **2643 N ANDREWS AVE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HUNT, CHARLES**  
 STREET ADDRESS **2061 NW 30 AVE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *[Handwritten Signature]*

SIGNATURE REQUIRED BY NERISSA SPANNOS, Pres. 1-8-02 (954) 492-0151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)