

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749226

1. Entity Name

SUNPLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19530 GULF BLVD., APT. #1B  
INDIAN SHORES FL 34635-9434

Mailing Address

19530 GULF BLVD., APT. #1B  
INDIAN SHORES FL 34635-9434

2. Principal Place of Business

19530 Gulf Blvd  
Apt 5B

3. Mailing Address

19530 Gulf Blvd  
Apt 5B

City & State

Indian Shores FL

City & State

Indian Shores FL

4. FEI Number

59-2065452

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMBLE, PAULETTE  
19530 GULF BLVD.  
INDIAN SHORES FL 33785

7. Name and Address of New Registered Agent

Name: WOLSTENHOLME, WILLIAM E.  
Street Address (P.O. Box Number is Not Acceptable):  
19530 Gulf Blvd #5B  
City: Indian Shores FL Zip Code: 33785

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

William E. Wolstenholme

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/01

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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: VD  
NAME: WOLSTENHOLME, WILLIAM E  
STREET ADDRESS: 19530 GULF BLVD. #5B  
CITY-ST-ZIP: INDIAN SHORES FL 34635 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PD  
NAME: KATZ, LOU  
STREET ADDRESS: P.O. BOX 876  
CITY-ST-ZIP: INDIAN ROCKS BEACH FL 33785 ☐ Delete

TITLE: PD  
NAME: NAGLE, Robert  
STREET ADDRESS: 19530 Gulf Blvd 4B  
CITY-ST-ZIP: Indian Shores FL 33785 ☒ Change ☐ Addition

TITLE: SD  
NAME: NAGLE, ROBERT  
STREET ADDRESS: 19530 GULF BLVD 4B  
CITY-ST-ZIP: INDIAN SHORES FL 34635 ☐ Delete

TITLE: SD  
NAME: WOLSTENHOLME, Barbara  
STREET ADDRESS: 19530 Gulf Blvd 5B  
CITY-ST-ZIP: Indian Shores FL 33785 ☒ Change ☐ Addition

TITLE: TD  
NAME: HUMBLE, PAULETTE  
STREET ADDRESS: 5245 LOCHMEAD TER  
CITY-ST-ZIP: Z'HILLS FL 33541 ☐ Delete

TITLE: TD  
NAME: WOLSTENHOLME, William E  
STREET ADDRESS: 19530 Gulf Blvd 5B  
CITY-ST-ZIP: Indian Shores FL 33785 ☒ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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:

WOLSTENHOLME, WILLIAM E. WOLSTENHOLME

8/10/01

727-595-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

04-19-2001 90310 030 \*\*\*\*61.25

09-10-2001 90057 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)