

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749226

1. Entity Name

SUNPLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19530 GULF BLVD
APT 5B
INDIAN SHORES FL 33785

Mailing Address

19530 GULF BLVD
APT 5B
INDIAN SHORES FL 33785

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~WOLSTENHOLME, WILLIAM E~~
~~19530 GULF BLVD~~
~~# 5 B~~
~~INDIAN SHORES FL 33785~~

7. Name and Address of New Registered Agent

Name: DAVID O. GARDELLA
Street Address (P.O. Box Number is Not Acceptable)
481 HARBOR DR. S.
City: INDIAN ROCKS BEACH, 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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/02
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

TITLE	WOLSTENHOLME, WILLIAM E	<input checked="" type="checkbox"/> Delete
NAME	19530 GULF BLVD. #5B	
STREET ADDRESS	INDIAN SHORES FL 34635	
CITY-ST-ZIP		
TITLE	NAGLE, ROBERT	<input checked="" type="checkbox"/> Delete
NAME	19530 GULF BLVD 4 B	
STREET ADDRESS	INDIAN SHORES FL 33785	
CITY-ST-ZIP		
TITLE	WOLSTENHOLME, BARBARA	<input checked="" type="checkbox"/> Delete
NAME	19530 GULF BLVD 5 B	
STREET ADDRESS	INDIAN SHORES FL 33785	
CITY-ST-ZIP		
TITLE	WOLSTENHOLME, WILLIAM E	<input checked="" type="checkbox"/> Delete
NAME	19530 GULF BLVD 5 B	
STREET ADDRESS	INDIAN SHORES FL 33785	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPRES./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURENCE DAUDELIN	
STREET ADDRESS	7973 3RD AVE S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	PRES./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID O. GARDELLA	
STREET ADDRESS	481 HARBOR DR. S.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOT FILLED AS OF NOW!	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRES./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER J. BRUNER	
STREET ADDRESS	19530 GULF BLVD # 1A	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 [Signature] REQUIRED

FILED

749226

02 AUG -7 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DEPOSIT # 09-10-01 90057-047 \$61.25
DO NOT WRITE IN THIS SPACE