

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749376

1. Entity Name

SUNRISE BAY CONDOMINIUM ASSOCIATION, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90105 017 ****61.25

Principal Place of Business

Mailing Address

% PROFESSIONALLY YOURS, INC.
PO BOX 831
CAPE CORAL FL 33910

% PROFESSIONALLY YOURS, INC.
PO BOX 831
CAPE CORAL FL 33910-0700

2. Principal Place of Business

4629 SE 5TH AVE

3. Mailing Address

PO BOX 100831

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL 33904

4. FEI Number

59-2034484

Applied For

Not Applicable

Zip

33904

Country

U.S.A.

Zip

33910

Country

U.S.A.

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

OLSON, BARBARA
C/O PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL FL 33910

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
STREET ADDRESS
CITY-ST-ZIP
TD
HUHNDORF, MARY KAY
4631 SE 5 AVE SUITE 207
CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TURILLO, SAM
4631 SE 5TH AVE #101
CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ATKINS, DICK
4629 SE 5TH AVE 104
CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HARBESON, RAY
4631 SE 5TH AVE #106
CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TURILLO, SAMUEL
4629 SE 5 AVE SUITE 101
CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ZOLLER, STENE
4631 SE 5TH AVE #105
CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARBESON, RAYMOND
4631 SE 5TH AVE., SUITE 106
CAPE CORAL FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ZOLLER, STENE
4631 SE 5TH AVE #105
CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROBB, JAMES
4629 SE 5TH AVE 102
CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROBB, JAMES
4629 SE 5TH AVE 102
CAPE CORAL FL 33904

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

Daytime Phone #