

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90017 049 ****61.25

DOCUMENT # 749376

1. Entity Name

SUNRISE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4629 SE 5 AV
CAPE CORAL FL 33904

Mailing Address

PO BOX 100831
CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2034484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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, 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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **TURILLO, SAM**
CITY-ST-ZIP **4631 SE 5 AV 101**
CAPE CORAL FL 33904

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **HARBERSON, RAY**
CITY-ST-ZIP **4631 SE 5 AVE 106**
CAPE CORAL FL 33904

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **ZOLLER, STENE**
CITY-ST-ZIP **4631 SE 5 AV 105**
CAPE CORAL FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **PD**
STREET ADDRESS **SUSOR, DONALD**
CITY-ST-ZIP **4631 SE 5TH AVE #102**
CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01

CR2E037 (10/00)