

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 749376

FILED
May 10, 2003
Secretary of State

Entity Name: SUNRISE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4629 SE 5 AVE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

%PROFESSIONALLY YOURS INC
1342 SE 46TH LANE
CAPE CORAL, FL 33904 US

Current Mailing Address:

PO BOX 100831
CAPE CORAL, FL 33910 US

New Mailing Address:

%PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US

FEI Number: 59-2034484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, BARBARA A
C/O PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

CAMPBELL, PHILIP
C/O PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904 US

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: PHILIP CAMPBELL

05/10/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: TURILLO, SAM
Address: 4631 SE 5 AVE #101
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VD () Delete
Name: ATKINS, RICHARD
Address: 4629 SE 5TH AVE 104
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VD () Delete
Name: HARBESON, RAY
Address: 4631 SE 5 AVE 106
City-St-Zip: CAPE CORAL, FL 33904 US

Title: PD () Delete
Name: SUSOR, DONALD
Address: 4631 SE 5TH AVE # 204
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete
Name: ROBB, JAMES
Address: 4629 SE 5TH AVE 102
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD SUSOR

PD

05/10/2003

Electronic Signature of Signing Officer or Director

Date