

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749568

1. Entity Name

SUNSET BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8615 E BAY DR #21
TREASURE ISLAND FL 33706

Mailing Address

8615 E BAY DR #21
TREASURE ISLAND FL 33706-3344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2512177

Applied For

Not Applicable

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

DOUYARD, ROGER J.
1755 EMERALD DR N
CLEARWATER FL 34616

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

Roger J. Douyard

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

(NOTE: Registered Agent signature required when reinstating)

2/12/00

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	PD	<input type="checkbox"/> Delete
NAME	DOUYARD, ROGER J.	
STREET ADDRESS	1755 EMERALD DR N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WORKMAN, MATTHEW	
STREET ADDRESS	8615 E BAY DR #17	
CITY-ST-ZIP	TEASURE ISLAND FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LECRAW, CAM	
STREET ADDRESS	2808 SPRINGDELL CIR.	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBRITTON, MERLENE	
STREET ADDRESS	1332 WOODCREST AVE	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EGAN, DAVID F.	
STREET ADDRESS	8615 E BAY DR #14	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Roger J. Douyard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/00 (727) 449-0336

Date

Daytime Phone #

CR2E037 (9/99)