

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90145 023 \*\*\*\*61.25

**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

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 **59-2512177**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 **ROGER J DOUYARD**

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 **PD DOUYARD, ROGER J.**  
 STREET ADDRESS **1755 EMERALD DR N**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete  
 NAME **SD WORKMAN, MATTHEW**  
 STREET ADDRESS **8615 E BAY DR #17**  
 CITY-ST-ZIP **TEASURE ISLAND FL 33706**

TITLE ☒ Delete  
 NAME **VD LECRAW, CAM**  
 STREET ADDRESS **2808 SPRINGDELL CIR.**  
 CITY-ST-ZIP **VALRICO FL**

TITLE ☒ Delete  
 NAME **TD EGAN, DAVID F.**  
 STREET ADDRESS **8615 E BAY DR #14**  
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☐ Delete  
 NAME **D ROBBINS, MERLENE**  
 STREET ADDRESS **1332 WOODCREST AVE**  
 CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **1332 WOODCREST AVE**  
 CITY-ST-ZIP **CLEARWATER FL 34616**

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 **TD Moore, Fred**  
 STREET ADDRESS **8615 E. Bay Dr. #19**  
 CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE ☒ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D Pellegrino, Gayle**  
 STREET ADDRESS **8350 Bay Shore Dr.**  
 CITY-ST-ZIP **Treasure Island, FL 33706**

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** *X Roger J Douyard 3/1/02* 127 461 9152

CF2E037 (9/01)