

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90115 035 ****61.25

DOCUMENT # 750391

1. Entity Name

SUNSET BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9362 GULFSHORE DR
 202
 NAPLES FL 34108
 US

9362 GULFSHORE DR
 202
 NAPLES FL 34108
 US

2. Principal Place of Business

3. Mailing Address

497 GERMAIN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES, FL.

4. FEI Number

59-2514054

Applied For

Not Applicable

Zip

Country

Zip
34108 Country
COLLIER

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

FALK, STEVEN
350 PARK SHORE DR
NAPLES FL 34103

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	D	<input type="checkbox"/> Delete
NAME	KACEK, DON	
STREET ADDRESS	8530 CAPTAIN CT	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALTER, LARRY	
STREET ADDRESS	P O BOX 96	
CITY-ST-ZIP	KINGSTON MA 02364	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COOK, DAVID	
STREET ADDRESS	3461 BONITA BAY BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAMMEL, JOHN	
STREET ADDRESS	9496 GULFSHORE DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OSTAPCHUK, WALTER	
STREET ADDRESS	251 QUEENS QUAY W. PH 1	
CITY-ST-ZIP	TORONTO, ONT.	
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: *John F. Bammel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 APR 02 **941 597 1373**
 Date Daytime Phone #

CR2E037 (9/01)