

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750983

1. Entity Name

SUN COUNTRY VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3723 + 3775 59TH ST NO  
ST PETERSBURG FL 33710

3723 + 3775 59TH ST NO  
ST PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2071066

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

BERGERON, PHYLLIS A  
3775 59TH ST NO #5  
ST PETERSBURG FL 33710

Name

ALICE HAUSER

Street Address (P.O. Box Number is Not Acceptable)

3723 59th St No. #1

City

St Petersburg

FL

Zip Code

33710

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

*Alice Hauser*  
*Phyllis A. Bergeron, Pres.*

Signature, typed or printed name of registered agent and type applicable.

(NOTE: Registered Agent signature required when reinstating)

5/28/02

4/24/02

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	PD	<input type="checkbox"/> Delete
NAME	SELMYHR, ANN	
STREET ADDRESS	3775 59TH ST N #1A	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERGERON, PHYLLIS A	
STREET ADDRESS	3775 59TH ST NO #5	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOUCHTON, SHARON	
STREET ADDRESS	891-79TH ST-S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE HAUSER	
STREET ADDRESS	3723 59th St. No. #1	
CITY-ST-ZIP	St. Petersburg, Fl. - 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

*ANNA R. SELMYHR*  
*ANNA R. SELMYHR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/02

Daytime Phone #

727-577-5100

FILED  
Jun 03, 2002 8:00 am  
Secretary of State

05-12-2002 90659 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)