

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753184

1. Entity Name

SUNNY TRAIL CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90138 023 ****61.25

Principal Place of Business

828 WIGGINS PASS
NAPLES FL 33963

Mailing Address

222 INDUSTRIAL BLVD
STE 152
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

222 INDUSTRIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 147

City & State

City & State

NAPLES, FL

Zip

Country

Zip

34104

Country

U.S.A.

4. FEI Number

59-2354639

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

JOHNSON, HENRY P.
800 SEAGATE DR., #204
NAPLES FL 33940

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
POPPLEWELL, ELIZABETH
828 WIGGINS PASS ROAD #11
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
IRVINE, EUGENE
3460 BELLYBRIDGE CIRCLE #102
BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MILLER, EMILY
828 WIGGINS PASS ROAD #1
NAPLES FL 34109 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
IRVINE, MAYRITA V.
3460 Bellybridge Cr. #102
Bonita, Springs, FL 34134 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9

992-2679

CR2E037 (10/00)