## **2000 UNIFORM BUSINESS REPORT (UBR)**

##### SIGNATURE  ##### SIGNATURE  ###### SIGNATURE  ###################################	DOCUMENT # 756610  1. Entity Name					Transition of the control of the con			
Residence of Business  Principal Place of Business  See Apr. # etc.  Sulfi. Apr. # etc.  Do NOT Writte In This SPACE  Sulfi. Apr. # etc.  Do NOT Writte In This SPACE  Do NOT Writte In This S	SILVER SANDS OF BONITA BEACH CONDOMINIUM ASSOCIA					T			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE  City & State   Chy & State	Principal Place of Business Mailing Address								
Suries, Apt. #, etc.    City & State	BONITA SPRINGS FL 34134		BONITA SPRINGS FL 34133-2507						
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Signature Desired  6. Name and Address of Current Registered Agent  Name and Address of New	Principal Place of Business     3. Mailing Address								
ZP Country Zp Country 5. Certificate of Status Desired   \$8.75 Additional   \$8.75 Additio	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
ZP Country Zip Country 5. Certificate of Status Deletro	City & State		City & State			E0 0400400			
PARR, FRANK 26140 HIDKORY BLVD BONTA SPRINGS FL 33923  City Bontha Springs FL Zip Code 3H134  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, whither is Not Acceptable)  SIGNATURE  Signature  FILE NOW:  FEE IS \$61.25  Trust Fund Contribution.  PARR, FRANK 26140 HICKORY BLVD & C  City Bontha Springs FL Zip Code 3H134  SIGNATURE  Signature Signature was or tog toward eart and the 7 agestable.  POTE Registered agent, or both, white state of Fondas.  FILE NOW:  FEE IS \$61.25  Trust Fund Contribution.  Determine So Hoeke Payable to Department of state  The About Contribution.  The Hoeke Payable to Department of state  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  The Hoeke Payable to Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The Hoeke Payable to Department of State  The Addition Now.  SIRET ADDRESS 635 WICKLOW RD  THE NOW:  FEE IS \$61.25  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  THE NOW:  FEE IS SO OFFICERS AND DIRECTORS IN 10  THE NOW:  SIRET ADDRESS 635 WICKLOW RD  THE NOW:  FEE IS SO OFFICERS AND DIRECTORS IN 10  THE NOW:  SIRET ADDRESS 635 WICKLOW RD  THE NOW:  FEE IS SO OFFICERS AND DIRECTORS IN 10  THE NOW:  FEE IS SO OFFICERS AND DIRECTORS IN 10  THE NOW:  SIRET ADDRESS 10 Determine The Payable Trust Fund Contribution.  THE NOW:  FEE IS SO OFFICERS AND DIRECTORS IN 10  THE NOW:  FEE IS SO OFFICERS AND DIRECTORS IN 10  THE NOW:  SIRET ADDRESS 10 Determine The Payable Trust Fund Contribution.  THE NOW:  FEE IS SO OFFICERS AND DIRECTORS IN 10  THE NOW:  FEE IS SO OFFICERS AND DIRECTORS IN 10  THE NOW:  SIRET ADDRESS 10 DETERMINE THE NOW:  SIRET ADDRE	Zip Country		Zip Country			5. Certificate of Status Desi		\$8.75 Add	itional
PARR, FRANK 26140 HISKORY BLVD BONTA SPRINGS FL 33923  26-City Bon Ha Springs FL Zeg Code City Bon Ha Springs FL Zeg Code SIGNATURE Signature Springs FL Zeg Code Springs FL Zeg		6. Name and Address of Current	Registered Agent	_		7. Name and Address of N		·	
PARR, FRANK 26140 HICKORY BLVD BONITA SPRINGS FL 33923  26140 HICKORY BLVD BONITA SPRINGS FL 33923  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  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW.  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE MAKE  HOETINE, ROBERT SIREE ADDRESS  OTH SI-29  CITY-SI-29  CITY-				Name	_#455	at Doggle			
BONTA SPRINGS FL 33923    CIV	PARR. FRANK			Street A			otable)		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or ooth, in the state of Floride.  SIGNATURE SUPPLIES, to pread or pread name of registered query and the Flaspricable.  SIGNATURE SUPPLIES, to pread or pread name of registered query and the Flaspricable.  PELE NOW:  9. Election Campaign Financing File NOW:  9. Election Campaign Financing File NOW:  9. Election Campaign Financing File NOW:  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE BUTCH THE STORM THE STREET ADDRESS  OTY-51-2IP  DEERF FIELD II. 60015  TITLE NAME STREET ADDRESS  OTY-51-2IP CINCINNATI OH 45255  TITLE NAME MILLS, BEVERLY NAME GROSSLEIN, AUGUST  TITLE NAME GROSSLEIN, AUGUST TITLE NAME STREET ADDRESS  OTY-51-2IP Detele  TITLE NAME MILLS, BEVERLY NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34134  TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34134  TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34134  TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34134  TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34134  TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34134  TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34134  TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34135  Delete TITLE NAME STREET ADDRESS  OTY-51-2IP Delete TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34135  Delete TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34135  Delete TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34135  Delete TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34135  Delete TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34135  Delete TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34135  Delete TITLE NAME STREET ADDRESS  OTY-51-2IP DOINT AS PRINGS FL 34135  DELETE ADDRESS  OTY-51-2IP DOINT AS PRINGS  OTY-51-2IP DOINT AS	26140 HJRKORY BLVD				261	40 Hickory Blva	1 8C		
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25  OFFICERS AND DIE SD HOETLNE, ROBERT 635 WICKLOW RD DEERFIELD IL 60015  D FIALA, DAVID 1613 BRAINTREE DRIVE CINCINNATI OH 45255  T MILLS, REVERLY 26140 HICKORY BLVD, #7N BONITA/SPRINGS FL 34134 VP GROSSLEIN, AUGUST 1120-BENTON ST ANOKA MN 55303 PD HUNT, DONALD 26140 HICKORY BLVD., 8C	Trust Fund Contribution  RECTORS  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hoe D. Kook	box 37 Springs, WI  Larry Lop, Larry Lope,	5396   4503 34134   31.551	Change  Change  Change  Change	Addition  Addition  Addition  Addition  Addition  Addition

12. 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 withyan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytin

Daytime Phone #