2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90088 012 ****61.25

0047108

DOCUMENT # 759967

1. Entity Name

LOVERS KEY BEACH CLUB CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
6620 ESTERO BLVD FORT MYERS FL 33931-5127	SUNSTREAM INC. 6620 ESTERO BLVD FORT MYERS BEACH FL 33931 US

DO NOT WRITE IN THIS SPACE

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 59-2447543 ☐ 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
MONSRUD, MARY A SUNSTREAM, INC 6620 ESTERO BLOULEVARD FORT MYERS BEACH FL 33931	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	SD LAWRENCE, DAVID A 1345 HIGH POINT CT HASTINGS MN 55033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D LAWRENCE, DAVID A. 1125 S. Frontage Rd, #4 HASTINGS, MN 55033	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGEL, JAMES 622 SW 27TH ST GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGEL, JAMES 3936 Tamiami Trail N, Suite B NAPLES, FL 34108	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HORNING, ROBERT 8991 JANE ROAD NORTH LAKE ELMO MN 55042	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GRUNDBERG, GUNNAR 11018 LINNET LANE NAPLES, FL 34119	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NESS, JOHN 10229 NORTH 67TH LANE STILLWATER MN 55082	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SID BUSSIERE, PAUL 25823 W. Loomis Road WIND LAKE, WI 53185	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEEBE, JOHN COL 10 KERINS TERRACE NEWPORT RI 02840-4024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D EIFLER, JOERG 6090 ESTERO BLVD. FT. MYERS BEACH, FL 33931	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 _____ 3/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #