


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 763503 1. Entity Name BASS & SUN CONDOMINIUM OWNERS ASSOCIATION, INC.		
Principal Place of Business 500 N FRANCISCO STREET CLEWISTON, FL 33440	Mailing Address 500 N FRANCISCO STREET CLEWISTON, FL 33440	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HENDRY, JODY M. 606 W. SUGARLAND HWY. CLEWISTON, FL 33440		
DO NOT WRITE IN THIS SPACE		
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. I am familiar with, and accept the obligations of registered agent SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURST, ROBERT 500 N FRANCISCO #120 CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINGS, ALAN 500 N FRANCISCO ST #129 CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREAKFIELD, GARY 500 N FRANCISCO ST #225 CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GASTON, BOB 500 N. FRANCISCO #239 CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSHIN, BECKY 500 N. FRANCISCO ST. #230 CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert F. Hurst</i> Robert F. Hurst Jan. 9 2006 813-983-3131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2194193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000383423
01/12/06-80052-018 61.25

**DO NOT WRITE
IN THIS SPACE**