


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90219 025 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2491453	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENDRY, JODY M. 606 W. SUGARLAND HWY. CLEWISTON, FL 33440				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURST, ROBERT 500 N FRANCISCO #120 CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. GEORGE LEO JR 500 N. FRANCISCO ST. # 212 CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINGS, ALAN 500 N FRANCISCO ST #129 CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Kim Sommerfield 500 N. FRANCISCO ST #210 CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREAKFIELD, GARY 500 N FRANCISCO ST #225 CLEWISTON, FL 33440	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. KAREN GASTON 500 N. FRANCISCO ST #239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GASTON, BOB 500 N. FRANCISCO #239 CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERB PATTON 500 N. FRANCISCO ST # 118 CLEWISTON FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSHIN, BECKY 500 N. FRANCISCO ST. #230 CLEWISTON, FL 33440	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BECKY RUSHIN 500 N. FRANCISCO ST. #230 CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>[Signature]</i> PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/5/07 <small>Date</small>		
			217 620 3045 <small>Daytime Phone #</small>		

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