

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763503

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** BASS & SUN CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 N FRANCISCO STREET  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

500 N FRANCISCO STREET  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 59-2491453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDRY, JODY M.  
606 W. SUGARLAND HWY.  
CLEWISTON, FL 33440 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEBO, GEORGE JR  
Address: 500 N FRANCISCO ST #212  
City-St-Zip: CLEWISTON, FL 33440

Title: DVP ( ) Delete  
Name: SOMMERFIELD, KIM  
Address: 500 N FRANCISCO ST 210  
City-St-Zip: CLEWISTON, FL 33440

Title: T ( ) Delete  
Name: BREAKFIELD, GARY  
Address: 500 N FRANCISCO ST #225  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: PATTON, HERB  
Address: 500 N FRANCISCO ST #118  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: RUSHIN, BECKY  
Address: 500 N. FRANCISCO ST. #230  
City-St-Zip: CLEWISTON, FL 33440

Title: S ( ) Delete  
Name: GASTON, KAREN  
Address: 500 N FANSCISOC ST 239  
City-St-Zip: CLEWISTON, FL 33440

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FORD, RON  
Address: 500 N FRANCISCO ST #113  
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE R. LEBO JR.

PRES

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date