

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769386

1. Entity Name

SUTHERLAND CROSSING CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

962 SEAVIEW DRIVE
P.O. BOX 883
CRYSTAL BEACH FL 34681-0883

962 SEAVIEW DRIVE
P.O. BOX 883
CRYSTAL BEACH FL 34681-0883

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

59-2352375

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

FDA MANAGEMENT
962 SEAVIEW CIRCLE
CRYSTAL BEACH FL 34683

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 PD
ANDERSON, MADELO
STREET ADDRESS 1137 KING ARTHUR CT #501
CITY-ST-ZIP DUNEDIN FL

☐ Delete

TITLE
NAME SDT
LOTT, WES
STREET ADDRESS 3454 OAKVIEW DR
CITY-ST-ZIP LAKELAND FL 33811

☐ Delete

TITLE
NAME VD
CROKER, CHARLES
STREET ADDRESS 720 WILD OAK LANE
CITY-ST-ZIP PALM HARBOR FL

☒ Delete

TITLE
NAME AS
ADAMS, THOMAS D
STREET ADDRESS PO BOX 67127 N/A
CITY-ST-ZIP ST PETE BEACH FL 33736

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS P.O. BOX 883
CITY-ST-ZIP CRYSTAL BEACH, FL 34681-0883

☒ Change ☐ Addition

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☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000

727-786-2287

Date

Daytime Phone #

CR2E037 (9/99)