

# 2001 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  
STREET ADDRESS ANDERSON, MADELO  
CITY-ST-ZIP PO BOX 883  
CRYSTAL BEACH FL 34681 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME SDT  
STREET ADDRESS LOTT, WES  
CITY-ST-ZIP PO BOX 883  
CRYSTAL BEACH FL 34681 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME VD  
STREET ADDRESS RUPPEL, DAVID  
CITY-ST-ZIP PO BOX 883  
CRYSTAL BEACH FL 34681 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Signature: *Thomas D Adams* Hsst Secretary 1/3/01 727-786 2282  
Date: 1/3/01 Daytime Phone #: 727-786 2282

FILED  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90087 050 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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