

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91513 044 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000001895

1. Entity Name
**SUNSET CAY VILLAS IX CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business Mailing Address
12734 KENWOOD LANE 12734 KENWOOD LANE
STE 49 STE 49
FORT MYERS, FL 33907 US FORT MYERS, FL 33907 US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0865523** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TROPICAL ISLER MNGMT. SERVICES
2734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

John G. Ballard III
Street Address (P.O. Box Number is not acceptable)

290 Newport Dr #107
City **Naples FL** Zip Code **34114**

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 *John G. Ballard III*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

4/22/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D MOLBERG, DAVID**
STREET ADDRESS **290 NEWPORT DR., #108**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Delete
NAME **D SLOAD, ROSEMARY**
STREET ADDRESS **290 NEWPORT DR., #106**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☒ Delete
NAME **D BALLARD, JULIANNE**
STREET ADDRESS **290 NEWPORT DR., #107**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **D Ballard, John**
STREET ADDRESS **290 Newport Dr #107**
CITY-ST-ZIP **Naples, FL 34114**

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

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

TITLE ☐ Change ☐ Addition
NAME
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: *D.C. Molberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 **239-394-1902**
Date Daytime Phone #

CR2E037 (10/02)