2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90102 047 ****61.25

DOCUMENT # N00000001899

Entity Name

SUNSET CAY VILLAS XI CONDOMINIUM ASSOCIATION, IN

Principal Place of Business	Mailing Address
25000 TAMIAMI TRAIL EAST NAPLES FL 34114	25000 TAMIAMI TRAIL EAST NAPLES FL 34114

600017903

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4500 Executive Dr	4500 Executive Dr
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Naples FL	City & State: Naples FL
Zip: 34119 Country: USA	Zip: 34119 Country: USA

4. FEI Number ☒ 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
STANLEY, JOHN F 2660 AIRPORT ROAD SOUTH NAPLES FL 34112	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 / STREET ADDRESS / CITY-ST-ZIP	D HARDY, ROBERT S 6289 BURNHAM RD. NAPLES FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGESON, RICHARD 4500 EXECUTIVE DR., STE. 100 NAPLES FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGESON, KARI 4500 EXECUTIVE DR., STE. 100 NAPLES FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Colson, Kari	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Kari Colson 1/18/01 (941) 5979064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #