

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-22-2002 90085 034 ****61.25

DOCUMENT # N00000001899

1. Entity Name

SUNSET CAY VILLAS XI CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

4500 EXECUTIVE DR
 STE 100
 NAPLES FL 34119

4500 EXECUTIVE DR
 STE 100
 NAPLES FL 34119

2. Principal Place of Business

3. Mailing Address

12734 Kenwood Lane

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 49

City & State

City & State

Ft. Myers, FL

Zip

Country

Zip

Country

33907

USA

6. Name and Address of Current Registered Agent

4. FEI Number

90-0021950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Tropical Isles Management Services

Street Address (P.O. Box Number is Not Acceptable)

12734 Kenwood Lane Suite 49

City

Ft. Myers

FL

Zip Code

33907

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]

Don Roedding, CAM

4/23/02

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

TITLE	D	☒ Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	6289 BURNHAM RD.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	☒ Delete
NAME	BURGESSON, RICHARD	
STREET ADDRESS	4500 EXECUTIVE DR., STE. 100	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	☒ Delete
NAME	COLSON, KARI	
STREET ADDRESS	4500 EXECUTIVE DR., STE. 100	
CITY-ST-ZIP	NAPLES FL 34119	
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	D	☐ Change ☒ Addition
NAME	Taylor, Michael	
STREET ADDRESS	4641 3rd Ave. NW	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	☐ Change ☒ Addition
NAME	Claise, David	
STREET ADDRESS	266 Newport Dr. # 307	
CITY-ST-ZIP	Naples, FL 34114	
TITLE	D	☐ Change ☒ Addition
NAME	Howell, Ronnie	
STREET ADDRESS	6008 Thomas Terrace	
CITY-ST-ZIP	Sebring, FL 33876	
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)(f), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Taylor

4-24-02

(941) 352-9226

Date

Daytime Phone #

CR2E037 (9/01)