

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90232 035 *****61.25

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

DOCUMENT # N00000001899

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



Principal Place of Business
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907

Mailing Address
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907

11016595



☐ CHECK HERE IF MAKING CHANGES

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

90-0021950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name

David Claise

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

266 Newport Dr #307

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

4/18/03

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 D ☐ Delete
NAME TAYLOR, MICHAEL
STREET ADDRESS 4641 3RD AVE NW
CITY-ST-ZIP NAPLES, FL 34119

TITLE D ☐ Delete
NAME CLAISE, DAVID
STREET ADDRESS 266 NEWPORT DR #307
CITY-ST-ZIP NAPLES, FL 34114

TITLE D ☒ Delete
NAME HOWELL, RONNIE
STREET ADDRESS 6008 THOMAS TERRACE
CITY-ST-ZIP SEBRING, FL 33876

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 Schraeder Edward
STREET ADDRESS 266 Newport Dr. #305
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Cell

239-389-9058

Daytime Phone #

CR2E037 (10/02)