## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 02, 2001 8:00 am DOCUMENT # N0000005104 **Secretary of State** 1. Entity Name 06-02-2001 90011 006 \*\*\*\*61.25 SYKES VIEW ESTATES HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 3960 S BANANA RIVER BLVD 3960 S BANANA RIVER BLVD COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address STON 57m Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired By 50.31 g YENSY 0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RUNYAN, GARY G 3960 S BANANA RIVER BLVD COCOA BEACH FL 32931 City Zip Code FL 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. (NOT Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaigr Financing \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 580 Walnes De Diversor Change ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS Menit ISPULFE 32953 CITY-ST-7IP CITY-ST-ZIP SCOT SEWELL, Diverse ☐ Change ☐ Delete TITLE TITLE 390 WRINZ Drive NAME NAME STREET ADDRESS STREET ADDRESS Merit ISIDA FL 37963 CITY-ST-ZIP CITY-ST-ZIP Charles Frazier, Director Change ☐ Delete TITLE TITLE NAME NAME 4DO WZINZI Drive STREET ADDRESS STREET ADDRESS MENIT ISTAL FL 3263 CITY-ST-ZIP CITY-ST-ZIP Barbara Ursan, Director Change TITLE **₹**Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS MON'T ISIRW, FL 3295] CITY - ST - ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 no 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 is 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: