

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90078 001 ****61.25

DOCUMENT # N01233 1. Entity Name SUN VIEW BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1850 BOY SCOUT DRIVE STE 103 FORT MYERS, FL 33907			Mailing Address 1850 BOY SCOUT DRIVE STE 103 FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REYNOLDS, MARK A 1850 BOY SCOUT DRIVE STE. 104 FT MYERS, FL 33907				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between; margin-top: 10px;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right; margin-top: 5px;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD KENNEDY, TOM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1860 BOY SCOUT DR, STE 207		NAME		
STREET ADDRESS	FORT MYERS, FL 33907		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V TAYLOR, JEFF <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1860 BOY SCOUT DR, STE 202		NAME		
STREET ADDRESS	FORT MYERS, FL 33907		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD WEBB, R. MARLE- <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1850 BAY SCOUT DR., STE 101		NAME	Webb, R. Mark	
STREET ADDRESS	FORT MYERS, FL 33907		STREET ADDRESS	1850 Boy Scout Dr., Ste. 101	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD REYNOLDS, MARK <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1850 BAY SCOUT DR., STE 103		NAME	1850 Boy Scout Dr., Ste. 101	
STREET ADDRESS	FORT MYERS, FL 33907		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark A. Reynolds 2-1-07 (239) 275-7552					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					