

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

0016856

DOCUMENT # N02000005481

1. Entity Name

SUNSET TRACE AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC.



FILED

03 MAY -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3755 7 TERR STE 301
VERO BEACH FL 32960

Mailing Address

3755 7 TERR STE 301
VERO BEACH FL 32960

2. Principal Place of Business
4820 20TH AVENUE

3. Mailing Address
4820 20TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number
11-3658112

Applied For
Not Applicable

Zip
32967

Country
USA

Zip
32967

Country
USA

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

HENN, PETER J
3755 7 TERR STE 301
VERO BEACH FL 32960

Name LISA A. RULE

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

4820 20TH AVENUE
VERO BEACH, FL 32967

City VERO BEACH

FL Zip Code 32967

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

Lisa A. Rule

4/28/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GATES, TOM 3755 7 TERR STE 301 VERO BEACH FL 32960	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORTH, ANNABEL 3755 7 TERR STE 301 VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CURCIO, BYRON 3755 7 TERR STE 301 VERO BEACH FL 32960	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORTH, ANNABEL 4820 20TH AVENUE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPILIOS, ARTHUR 4820 20TH AVENUE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YOUNG, JENNIFER 4820 20TH AVENUE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RULE, LISA A. 4820 20TH AVENUE VERO BEACH, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

LISA A. RULE

4/28/03 (772) 778-5943

CR2E037 (10/02)