2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **N31049** May 01, 2000 8:00 am 1. Entity Name Secretary of State SUNSET REEF HOMEOWNERS ASSOCIATION, INC. 05-01-2000 90461 034 ****61.25 Principal Place of Business Mailing Address 5530 1ST AVE N % CONDOMINIUM MANAGEMENT GROUP, INC. SUITE C-3 PO BOX 47068 ST PETE FL 33110 ST PETERSBURG FL 33743-7068 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FE! Number 59-3035424 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 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) LISHEID, DEBRA R 5530 1ST AVE N ST PETE FL 33110 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Delete TITLE TITLE LANGE, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 17960 GULF BLVD. #217 CITY-ST-ZIP CITY-ST-ZIP **REDINGTON SHORES FL 33708** TITLE TITLE ☐ Delete NOVELLY, JOE NAME NAME STREET ADDRESS STREET ADDRESS 17960 GULF BLVD 202 CITY-ST-ZIP CITY-ST-ZIP REDINGTON SHORES FL visler, Jay H. JR 1960Gulf Blvd +209 ☐ Change Addition TITLE 🔀 Defete TITLE OGDEN, GARRETT NAME NAME STREET ADDRESS STREET ADDRESS 17960 GULF BLVD, #213 CITY-ST-ZIP CITY-ST-ZIP REDINGTON SHORES FL ☐ Addition TITLE ☐ Delete TITLE **GUEST. JOHNNIE** NAME STREET ADDRESS STREET ADDRESS 17960 GULF BLVD, #208 CITY-ST-ZIP REDINGTON SHORES FL CITY-ST-ZIP Delete TITLE Addition TITLE GAWRYLZYK, JOSEPH NAME STREET ADDRESS STREET ADDRESS 17960 GULF BLVD. #203 CITY-ST-ZIP CITY-ST-ZIF **REDINGTON SHORES FL 33708** ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ADURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00 381-171