

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33737

1. Entity Name
Sunset Cay Homeowners Association, Inc.

Principal Place of Business
4483 Sunset Cay Circle
Boynton Beach, FL 33437

Mailing Address
1916 Boothe Cir.
Longwood, FL 32750

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jon Zabel
1916 Boothe Cir
Longwood, FL 32750

Name
c/o Community Association Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
951 Broken Sound Parkway
Suite 250
City
Boca Raton FL Zip Code
33487

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DS	TYE, Arthur	1916 Boothe Circle	Longwood, FL 32750	☒
DP	Zabel, Jon	1916 Boothe Circle	Longwood, FL 32750	☒
DV	Trotter, Clay B	1916 Boothe Circle	Longwood, FL 32750	☒
DS	Wilson, Robin C	1916 Boothe Circle	Longwood, FL 32750	☒
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	DANA Beyer	4456 Sunset Cay Circle	Boynton Beach, FL 33437	☐	☒
	Bill Collins	4439 Sunset Cay Circle	Boynton Beach, FL 33437	☐	☒
	Miguel Diaz	4419 Sunset Cay Circle	Boynton Beach, FL 33437	☐	☒
	Nina Threlkeld	4479 Sunset Cay Circle	Boynton Beach, FL 33437	☐	☒
D	Zabel, Jon	1916 Boothe Circle	Longwood, FL 32750	☒	☐
				☐	☐

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:

DANA BEYER 4-20-00 561-994-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)