

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90116 045 ****61.25

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DOCUMENT # N33737

1. Entity Name

SUNSET CAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**4483 SUNSET CAY CIRCLE
BOYNTON BEACH FL 33437
US**

Mailing Address

**951 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33487
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **33436**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3303143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMMUNITY ASSOCIATION SERVICES, INC
951 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BEYER, DANA**
STREET ADDRESS **4456 SUNSET CAY CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete
NAME **COLLINS, BILL**
STREET ADDRESS **4439 SUNSET CAY CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **DV** ☒ Delete
NAME **DIAZ, MIGUEL**
STREET ADDRESS **4419 SUNSET CAY CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **DS** ☒ Delete
NAME **THRELKELD, NINA**
STREET ADDRESS **4479 SUNSET CAY CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☒ Delete
NAME **ZABEL, JON**
STREET ADDRESS **1916 BOOTHE CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☒ Addition
NAME **Pessel, Steven**
STREET ADDRESS **4451 Sunset Cay Circle**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE **PD** ☒ Change ☐ Addition
NAME **Collins, William**
STREET ADDRESS
CITY-ST-ZIP **33436**

TITLE **TD** ☒ Change ☒ Addition
NAME **Vulgaris, Arthur**
STREET ADDRESS **4383 Sunset Cay Circle**
CITY-ST-ZIP **Boynton Beach 33436**

TITLE **D** ☐ Change ☒ Addition
NAME **Loquercio, Michael**
STREET ADDRESS **4415 Sunset Cay Circle**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE **SD** ☐ Change ☒ Addition
NAME **Newport, Kathryn Ann**
STREET ADDRESS **4448 Sunset Cay Circle**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William J. Collins **WILLIAM J. COLLINS 4-13-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)