

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90424 018 *****61.25

DOCUMENT # N42196

1. Entity Name

SUNRISE CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**303 FILLMORE ST
NAPLES FL 34104
US**

Mailing Address

**303 FILLMORE ST
NAPLES FL 34104
US**

2. Principal Place of Business

**5067 TAMiami TRAIL E.
Suite, Apt. #, etc.**

3. Mailing Address

**5067 TAMiami TRAIL E.
Suite, Apt. #, etc.**

City & State

NAPLES, FL

City & State

NAPLES

Zip

34113

Country

USA

Zip

Country

4. FEI Number **65-0252067**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADKINS, WILLIAM H
303 FILLMORE ST
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

GEORGE FOREMAN

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

5067 TAMiami TRAIL E.

City

NAPLES,

FL

Zip Code
34113

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 **George Foreman** **GEORGE FOREMAN** **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

TITLE **PD** ☒ Delete
NAME **SHEEHAN, BRIAN**
STREET ADDRESS **269 SUNRISE CAY., #3**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **PD** ☐ Delete
NAME **PATRIDGE, KELLY**
STREET ADDRESS **285 SUNRISE CAY #5**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **STD** ☐ Delete
NAME **MULLIGAN, ANTJE**
STREET ADDRESS **333 SUNRISE CAY., #6**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D SILLIMAN, RONALD**
STREET ADDRESS **333 SUNRISE CAY #5**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Change ☒ Addition
NAME **FOREMAN, GEORGE**
STREET ADDRESS **5067 TAMiami TRAIL E.**
CITY-ST-ZIP **NAPLES, FL 34113**

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: **George Foreman** **GEORGE FOREMAN** **4-28-03** **239-643-7647**

CR2E037 (10/02)