2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am **DOCUMENT # N49165 Secretary of State** 1. Entity Name SUNRISE ISLE HOMEOWNER'S ASSOCIATION, INC. 02-08-2000 90156 039 ****61 25 Principal Place of Business Mailing Address 347 STIRRUP KEY BLVD. 347 STIRRUP KEY BLVD. MARATHON FL 33050 MARATHON FL 33050-2934 2. Principal Place of Business 3. Mailing Address 104 Sundise Deire DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0351856 Not Applie Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired .Fee Required _ 6. Name and Address of Current Registered Agent MILLS, WILLIAM T. 347-STIRRUP KEY BLVD. MARATHON FL 33050 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 d title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ALAN SINORTZEC AROSLEY WAY MILLO: WILLIAM T NAME NAME STREET ADDRESS STREET ADDRESS 347-STIRRUP: KEY BLVD CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 TITLE STD : ☐ Delete TITLE NAME ROBINSON, DOROTHY NAME STREET ADDRESS 347 STIRRUP KEY BLVD. STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP ~~ MARATHON FL 33050 TITLE Z Delete TITLE NAME NAME WORTZEL; ALAN-STREET ADDRESS STREET ADDRESS 347 STIRRUP REY BEYD. CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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 indicated on this report 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 changed, or on an attachment with an address with all enter file empowered.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davime Phone #