2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90045 017 ****61.25

DOCUMENT # N95000003405

1. Entity Name

SUMMER BAY RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17805 US HWY 192 CLERMONT FL 34711	17805 US HWY 192 CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25 TOWN CENTER BLVD.	25 TOWN CENTER BLVD.
Suite, Apt. #, etc.: SUITE C	Suite, Apt. #, etc.: SUITE C
City & State: CLERMONT, FL	City & State: CLERMONT, FL
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. FEI Number: 59-3331614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALDWELL, PAUL M 19 W FLAGLER ST 17805 US HIGHWAY 192 CLERMONT FL 34711	Name: CALDWELL, PAUL M. Street Address (P.O. Box Number is Not Acceptable): 25 TOWN CENTER BLVD. SUITE C City: CLERMONT, FL **FL** Zip Code: 34711

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCOTT, SR., JOE H 1065 EXECUTIVE PKWY, STE 300 ST. LOUIS MO 63141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SABRIAN, MAX 300 MERCER ST., APT. 17C NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARILYN LUDWIG 4941 WILLOW RIDGE TERRACE VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PLUMLEY, JOYCE G 1941 BRANTLEY CIRCLE CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, JAMES G 17805 US 192 CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCOTT, LORETTA 1065 EXECUTIVE PKWY. STE 300 SAINT LOUIS MO 63141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 4-19-02 (352) 242-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #