

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000461**

1. Entity Name

VILLAS AT SUNSET POINT HOMEOWNERS ASSOCIATION, I**FILED**
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90244 004 ****61.25

Principal Place of Business

1090 HIGHWAY A1A
STE 200
SATELLITE BEACH FL 32937

Mailing Address

1090 HIGHWAY A1A
STE 200
SATELLITE BEACH FL 32937**C0019798**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2060 HIGHWAY A1A

Suite, Apt. #, etc.

SUITE 308

City & State

INDIAN HARBOR BEACH, FL

Zip

32937

Country

USA

3. Mailing Address

2060 HIGHWAY A1A

Suite, Apt. #, etc.

SUITE 308

City & State

INDIAN HARBOR BEACH, FL

Zip

32937

Country

USA4. FEI Number **59-3512590**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FLEIS, EDWARD M
1090 HIGHWAY A1A
STE 200
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

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

2060 HIGHWAY A1A**SUITE 308**

City

INDIAN HARBOR BEACH FL

Zip Code

32937

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 \$61.259. 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 **D** ☐ Delete
NAME **FLEIS, EDWARD M**
STREET ADDRESS **1090 HIGHWAY A1A STE 200**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**TITLE **D** ☐ Delete
NAME **FLEIS, GERARD J**
STREET ADDRESS **1090 HIGHWAY A1A STE 200**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**TITLE **D** ☐ Delete
NAME **FLEIS, BARBARA A**
STREET ADDRESS **1090 HIGHWAY A1A STE 200**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**TITLE **D** ☐ Delete
NAME **HARRISON, WALLACE**
STREET ADDRESS **180 SEA DUNES DRIVE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)