

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90089 008 *****61.25

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DOCUMENT # N96000005356

1. Entity Name

SUNRISE CAY II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**205 SUNRISE CAY., #105
NAPLES FL 34114**

Mailing Address

**2338 IMMOKALEE RD., #109
NAPLES FL 34110
US**

2. Principal Place of Business

303 Fillmore St.

Suite, Apt. #, etc.

3. Mailing Address

303 Fillmore St.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

59-3412451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNARD, THOMAS
205 SUNRISE CAY., #105
NAPLES FL 34114**

7. Name and Address of New Registered Agent

Name **Adkins, William H.**

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

303 Fillmore St.

City

Naples

FL

Zip Code

34104

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

William H. Adkins

4/16/01

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	D	☒ Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	6289 BURNHAM ROAD	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	D	☒ Delete
NAME	BARNARD, THOMAS L	
STREET ADDRESS	253 SUNRISE CAY DR	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	D	☐ Delete
NAME	WEBSTER, HOWARD	
STREET ADDRESS	2309 NIAGRA LANE	
CITY-ST-ZIP	NAPLES FL 34110	
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	D	☐ Change ☒ Addition
NAME	Corneo, Robert	
STREET ADDRESS	237 Sunrise Cay #203	
CITY-ST-ZIP	Naples, FL 34114	
TITLE	VD	☐ Change ☒ Addition
NAME	Buxell, Irvin	
STREET ADDRESS	221 Sunrise Cay #204	
CITY-ST-ZIP	Naples, FL 34114	
TITLE	PD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☐ Change ☒ Addition
NAME	Plenge, Ursula	
STREET ADDRESS	317 Sunrise Cay #202	
CITY-ST-ZIP	Naples, FL 34114	
TITLE	D	☐ Change ☒ Addition
NAME	Hagar, Walter	
STREET ADDRESS	205 Sunrise Cay #204	
CITY-ST-ZIP	Naples, FL 34114	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/01

Howard Webster

CR2E037 (10/00)