

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90718 024 \*\*\*\*61.25

**DOCUMENT # N96000005356**

1. Entity Name

**SUNRISE CAY II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**303 FILLMORE ST  
NAPLES FL 34104**

Mailing Address

**303 FILLMORE ST  
NAPLES FL 34104  
US**

2. Principal Place of Business

**5067 TAMiami TRAIL E.**

3. Mailing Address

**5067 TAMiami TRAIL E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL.**

City & State

**NAPLES, FL**

Zip

**34113**

Country

**USA**

Zip

**34113**

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

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-03**

**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 **D P** ☐ Delete  
NAME **GIBERGA, OVIDIO**  
STREET ADDRESS **237 SUNRISE CAY #203**  
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **VD** ☐ Delete  
NAME **BUXELL, IRVIN**  
STREET ADDRESS **221 SUNRISE CAY #204**  
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **PD** ☒ Delete  
NAME **WEBSTER, HOWARD**  
STREET ADDRESS **253 SUNRISE CAY #202**  
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **SD** ☐ Delete  
NAME **PLENGE, URSULA**  
STREET ADDRESS **317 SUNRISE CAY #202**  
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **TD** ☐ Delete  
NAME **HAGAR, WALTER**  
STREET ADDRESS **205 SUNRISE CAY #204**  
CITY-ST-ZIP **NAPLES FL 34114**

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 **D. DIETER, RICHARD**  
STREET ADDRESS **253 SUNRISE CAY #101**  
CITY-ST-ZIP **NAPLES, FL. 34114**

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

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

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

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** **4-28-03** **239-643-7647**

CR2E037 (10/02)