

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90137 027 \*\*\*\*61.25

**DOCUMENT #** N96000005635

1. Entity Name

SUNWATCH ON ISLAND ESTATES  
CONDOMINIUM ASSOCIATION, INC.

**DO NOT WRITE IN THIS SPACE**

30404

2. Principal Place of Business

670 Island Way

3. Mailing Address

670 Island Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3414476

Applied For

Not Applicable

Zip

Country

33767

USA

Zip

Country

33767

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Brian Smith

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

10033 Ninth Street North

City

St. Petersburg,

FL

Zip Code

33716

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

*Ben Givens - President*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-02

**FEE IS \$61.25**  
**Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Ben Givens  
10033 Ninth Street North  
St. Petersburg, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
Lars Warn  
10033 Ninth Street North  
St. Petersburg, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
Robert Burwell  
10033 Ninth Street North  
St. Petersburg, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Ben Givens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-02

727.577 2200  
Date Daytime Phone #

CR2E037B (12/01)