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

FILED
Feb 13, 2003 8:00 am
Secretary of State
02-13-2003 90215 031 ****61.25

DOCUMENT # N97000006819

1. Entity Name
THE SUNSET PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
115 SW FIRST STREET STEINHATCHEE FL 32359 US	11229 EAST RIVERVIEW DR. RIVERVIEW FL 33569

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3504658 ☐ 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
SOLANO, ROBERT L 11229 EAST RIVERVIEW DR. RIVERVIEW FL 33569	Name: Lovett I. Overstreet Street Address (P.O. Box Number is Not Acceptable): 3257 US 98 W City: Perry **FL** Zip Code: 32348

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 _____ DATE 2/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SOLANO, ROBERT L 11229 EAST RIVERVIEW DR. RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director President Lovett I. Overstreet 3257 N. US. 98 West Perry, FL. 32348	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DEYOUNG, EDWARD L P.O. BOX 431 STEINHATCHEE FL 32359	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Robert Solano 11229 E. Riverview Drive Riverview, FL 33569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SOLANO, BRAIN 11229 E. RIVERVIEW DRIVE RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secy Thomas Miller 101 SE 2nd Place Suite 112 Gainesville, FL. 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Adriana Nyberg P.O. Box 993 Steinhatchee, FL 32359	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 (10/02)

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: _____ REQUIRED 2/11/03 850 584 9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #