2001 UNIFORM BUSINESS REPOR[redacted]BR)

DOCUMENT # N98000003496

1. Entity Name

Sunset Cay Villas V Condominium Association, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 11 PM 6:14

Principal Place of Business	Mailing Address
Gulf Coast Management Services, Inc. **10060 Amberwood Rd. Suite 4** **Ft. Myers, FL 33913**	**Gulf Coast Management Services, Inc.** **10060 Amberwood Rd. Suite 4** **Ft. Myers, FL 33913**

REINSTATEMENT 01
DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0996809 ☐ 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

Name: Ken Hayden

Street Address (P.O. Box Number is Not Acceptable):
Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913

City / Zip Code

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: Ken Hayden
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Todd Cox 170 Newport Dr. #7 Naples, FL. 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004651580--5 -10/24/01--01041--009 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jerry Horning 170 Newport Dr. #6 Naples, FL. 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004651580--5 -10/24/01--01041--010 ****350.00 ****175.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marilyn Narkiewicz 170 Newport Dr. #6 Naples, FL. 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (11/00)

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] TODD W. COX 2 Oct 2001 502 372 4342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #