

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90042 005 ****61.25

DOCUMENT # N98000003496

1. Entity Name

SUNSET CAY VILLAS V CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

GULF COAST MANAGEMENT SERVICES, INC.
 10060 AMBERWOOD ROAD, SUITE 4
 FT MYERS FL 33913

GULF COAST MANAGEMENT SERVICES, INC.
 10060 AMBERWOOD ROAD, SUITE 4
 FT MYERS FL 33913

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

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

HAYDEN, KEN
GULF COAST MANAGEMENT SERVICES, INC.
10060 AMBERWOOD ROAD, SUITE 4
FT MYERS FL 33913

Name **Resort Management**
 Street Address (P.O. Box Number is Not Acceptable) **834 Bald Eagle Dr**
Marcu Island FL 34945

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 _____

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	D	<input type="checkbox"/> Delete
NAME	COX, TODD	
STREET ADDRESS	170 NEWPORT DRIVE, #7	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNING, JERRY	
STREET ADDRESS	170 NEWPORT DRIVE, #6	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARKIEWICZ, MARILYN	
STREET ADDRESS	170 NEWPORT DRIVE, #6	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

327-02 **941-394-6941**
 Date Daytime Phone #

CR2E037 (9/01)