

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001119

1. Entity Name

SUNNY LODGES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90072 043 \*\*\*\*70.00

Principal Place of Business

1710 EAST CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

Mailing Address

1710 EAST CAPE CORAL PARKWAY  
CAPE CORAL FL 33904-9620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

YEAGER CHEFFY, JANE  
2375 TAMiami TRAIL NORTH  
SUITE 310  
NAPLES FL 34103

Name

RIEDLINGER, THOMAS

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

1710 EAST CAPE CORAL PKWY.

City

CAPE CORAL

FL

Zip Code  
33904

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

THOMAS RIEDLINGER - PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

04-11-00

**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 **PD** ☐ Delete  
NAME **RIEDLINGER, THOMAS**  
STREET ADDRESS **1710 EAST CAPE CORAL PARKWAY**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **VPD** ☒ Delete  
NAME **SCHAEFER, ROLF**  
STREET ADDRESS **1710 EAST CAPE CORAL PARKWAY**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **ROUTHIER, NADINE**  
STREET ADDRESS **1710 EAST CAPE CORAL PKWY.**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **STD** ☒ Delete  
NAME **RIEDLINGER, HEIDRUN**  
STREET ADDRESS **1710 EAST CAPE CORAL PARKWAY**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **STD** ☒ Change ☐ Addition  
NAME **RIEDLINGER, HEIDRUN**  
STREET ADDRESS **1710 EAST CAPE CORAL PARKWAY**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-11-00

Daytime Phone #

941-345-385