2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
03-20-2002 90011 040 ****61.25

DOCUMENT # N99000004653

1. Entity Name

SUNSET CAY VILLAS VII CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
303 FILLMORE ST NAPLES FL 34104	303 FILLMORE ST NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 834 Bald Eagle Dr.	Suite, Apt. #, etc.: 834 Bald Eagle DR
City & State: Marco Island, FL	City & State: Marco Island, FL
Zip: 34145 County: USA	Zip: 34145 Country: USA

4. FEI Number: 65-0996807 ☐ 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
ADKINS, WILLIAM H 303 FILLMORE ST NAPLES FL 34104	Name: Degnan Walker Street Address (P.O. Box Number is Not Acceptable): 154 Newport Dr # 1308 City: Naples FL 34114

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: Degnan K. Walker DEGNAN K. WALKER PRESIDENT May 15, 2002
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	TD LUNETTO, CARLO 154 NEWPORT DR., #1302 NAPLES FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Lunetto, Carlo 154 Newport Dr.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD<br~~HAKALA, DAVID~~ 154 NEWPORT DR., #1305 NAPLES FL 34114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEGNAN WALKER 154 NEWPORT DR #1308 NAPLES FL 34114	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FURLONG, LISA 154 NEWPORT DR., #1303 NAPLES FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Furlong Lisa 154 Newport DR #1303 Naples, FL 34114	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Lisa Furlong SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 Date

941-394-1839 Daytime Phone #