

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N 99 00000 4877

1. Entity Name

Sunset Pass Condominium Association, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

Emerald Coast Parkway  
Suite, Apt. #, etc.

3. Mailing Address

40001 Emerald Coast Parkway  
Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

U.S.

Zip

32541

Country

U.S.

4. FEI Number

59-3626299

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

Dana C. Matthews  
607 Highway 98 East  
Destin, FL 32541

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/S/T/D
STREET ADDRESS	Wayne Adkinson
CITY-ST-ZIP	29874 US.S Hwy 331 S. Freeport, FL 32439
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/D
STREET ADDRESS	Chad Adkinson
CITY-ST-ZIP	334-B Calhoun Ave. Destin, FL 32541
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Enrique DeVarona
CITY-ST-ZIP	112 Wright Circle Niceville, FL 32578
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 another duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42800

Date

Daytime Phone #

850-622-1542

CR2E037 (9/99)