

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-07-2001 90045 019 ****61.25

DOCUMENT # N99000004877

1. Entity Name

SUNSET PASS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

40001 EMERALD COAST PKWY
 DESTIN FL 32541

40001 EMERALD COAST PKWY
 DESTIN FL 32541

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

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

**MATTHEWS, DANA C
 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

**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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JUNEAU, STEWART	
STREET ADDRESS	3801 PLAZA TOWER DRIVE	
CITY-ST-ZIP	BATON ROUGE LA 70816	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JUNEAU, NEIL	
STREET ADDRESS	3801 PLAZA TOWER DRIVE	
CITY-ST-ZIP	BATON ROUGE LA 70816	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, EDWARD T	
STREET ADDRESS	40001 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL 32541	
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	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADKINSON, NAYVED	
STREET ADDRESS	29874 US. S. HWY 3316	
CITY-ST-ZIP	Freeport FL 32439	
TITLE	VP-SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADKINSON, Chad O	
STREET ADDRESS	84 SITE CO.	
CITY-ST-ZIP	Freeport FL 32439	
TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeVARENA, ENRIQUE D	
STREET ADDRESS	407 EVINS RD.	
CITY-ST-ZIP	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		
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: *Enrique J. DeVarona* **ENRIQUE J. DEVARONA** 02/02/01 (850) 664-7211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)