

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90452 042 \*\*\*\*61.25

**DOCUMENT # N99000005889**

1. Entity Name

**SUNSET STREAM SECTION II CONDOMINIUM ASSOCIATION**

Principal Place of Business

9220 BONITA BEACH ROAD #215  
 BONITA SPRINGS FL 34135

Mailing Address

9220 BONITA BEACH ROAD #215  
 BONITA SPRINGS FL 34135

2. Principal Place of Business

~~90~~ **INTEGRATED PROPERTY MGMT**  
 Suite, Apt. #, etc.  
**3435 10th St N - Suite 201**

3. Mailing Address

~~90~~ **INTEGRATED PROPERTY MGMT**  
 Suite, Apt. #, etc.  
**3435 10th St N - Suite 201**



DO NOT WRITE IN THIS SPACE

City & State **Naples FL 34103**

City & State **Naples FL 34103**

4. FEI Number **38-1545089**

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

**WOLPERT, GREG G**  
 C/O PULTE HOME CORPORATION  
 9220 BONITA BEACH ROAD #215  
 BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name **Scott Hennells**  
 Street Address (P.O. Box Number is Not Acceptable) **Weibel & Hennells**  
**9240 Bonita Beach Rd. #3305**  
 City **Bonita Springs FL** Zip Code **34135**

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 *Scott D. Hennells*

*Scott D. Hennells*

*4/25/01*

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WOLPERT, GREG G	
STREET ADDRESS	9220 BONITA BEACH ROAD #215	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	R. SCOTT GRIFFITH	
STREET ADDRESS	9220 BONITA BEACH ROAD #215	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	W. MICHAEL MEEKS	
STREET ADDRESS	9220 BONITA BEACH ROAD #215	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, MEL	
STREET ADDRESS	23581 Sandycreek Terrace	
CITY-ST-ZIP	Bonita Springs, FL	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAND, RONALD	
STREET ADDRESS	23580 Sandycreek Terrace	
CITY-ST-ZIP	Bonita Springs, FL	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURONIO, JOSEPH	
STREET ADDRESS	23591 Sandycreek Terrace	
CITY-ST-ZIP	Bonita Springs, FL	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECHTEL, RICK	
STREET ADDRESS	3435-10th St. N., #201	
CITY-ST-ZIP	Naples, FL 34103	
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: *RICK BECHTEL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RICK BECHTEL* 4/24/01

941-434-7447  
 Date Daytime Phone #

CR2E037 (10/00)