FROM : SUN STATE COMMUNITIES FAX NO. : 941-948-0778 3/

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-21-2001 90046 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107708

1. Entity Name
SUN STATE COMMUNITIES, INC.

Principal Place of Business
800 SEAGATE DRIVE, UNIT 203
NAPLES FL 34103

Mailing Address
800 SEAGATE DRIVE, UNIT 203
NAPLES FL 34103

35539

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3521 Bonita Bay Blvd.
Suite, Apt. #, etc.
City & State: Bonita Springs
Zip: 34134 Country: FL

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3683222 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent
Name: ~~Antonio Taga~~ Antonio Taga
Street Address (P.O. Box Number is Not Acceptable): 375 Twelfth Avenue South
City: Naples, FL 34134 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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAMS, MICHAEL
STREET ADDRESS	800 SEAGATE DRIVE, UNIT 203
CITY-ST-ZIP	NAPLES FL 34103
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President
NAME	Bahms, Michael
STREET ADDRESS	3521 Bonita Bay Blvd.
CITY-ST-ZIP	Bonita Springs, FL 34134
	☒ Change ☐ Addition
TITLE	Vice President
NAME	Kenneth J. O'Leary
STREET ADDRESS	3521 Bonita Bay Blvd.
CITY-ST-ZIP	Bonita Springs, FL 34134
	☐ Change ☒ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with other like empowerment.

SIGNATURE: _____ 3-12-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #