

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90085 044 ***150.00

06050502 AV

DOCUMENT # P00000107708

1. Entity Name

SUN STATE COMMUNITIES, INC.

Principal Place of Business

**3521 BONITA BAY BLVD.
BONITA SPRINGS FL 34134**

Mailing Address

**800 SEAGATE DRIVE, UNIT 203
NAPLES FL 34103****922757**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3521 Bonita Bay Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs, FL

4. FEI Number

59-3683222

Applied For

Not Applicable

Zip

Country

Zip

Country

34134**USA**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

IAGA, ANTONIO**375 TWELFTH AVENUE SOUTH
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Kenneth J. O'Leary

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

3521 Bonita Bay Blvd.

City

Bonita Springs**FL**

Zip Code

34134

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

Kenneth J. O'Leary 1-24-02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	BAMS, MICHAEL	3521 BONITA BAY BLVD.	BONITA SPRINGS FL 34134	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	O'LEARY, KENNETH J	3521 BONITA BAY BLVD.	BONITA SPRINGS FL 34134	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:

Michael Bahms 1-24-02**(941) 948-0014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)