

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

0054721

04-28-2001 90034 049 \*\*\*\*61.25

**DOCUMENT # 710430**

1. Entity Name

**FOUR SEA SUNS CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

1800 NE 3RD CT.  
 BOYNTON BEACH FL 33435  
 US

2994 JOG ROAD  
 SUITE B  
 GREENACRES FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1174388**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LENGER, DEWEY**  
**1723 NE 3RD CT #2**  
~~SUITE 103~~  
**BOYNTON BEACH FL 33435**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOST, JOHN VANDER</b>	
STREET ADDRESS	<b>301 SO CIR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ZOINO, JOHN</b>	
STREET ADDRESS	<b>303 NE 17TH AVE., #203</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOBIE, MARCIE</b>	
STREET ADDRESS	<b>1720 3RD CT #2</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LENGER, DEWEY</b>	
STREET ADDRESS	<b>1723 NE 3RD COURT #2</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CANAVAN, JOHN</b>	
STREET ADDRESS	<b>1715 NE 3RD CT., #1</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANDER JAGT JACK</b>	
STREET ADDRESS	<b>301 SO CIR DR. #202</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOBIE MARCY</b>	
STREET ADDRESS	<b>1720 NE 3RD CT. #2</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DORMAN, GLENN</b>	
STREET ADDRESS	<b>306 SO. CIR. DR., #101</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARBE, VIRGIL</b>	
STREET ADDRESS	<b>306 So. Cir. Dr. # 103</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
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:** *(Signature)* **Dewey Lenger** 4/11/01 (561) 732 6692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)