

KATHLEEN

04-14-2003 90737 033 ***61.25
FILED 713250

AMENDED


03 APR 22 AM 11:28

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713250

1. Entity Name
Singer Island Civic Association, Inc.



70040218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1281 North Ocean Drive
Suite, Apt. #, etc.
Box 114

3. Mailing Address
1281 North Ocean Drive
Suite, Apt. #, etc.
Box 114

DO NOT WRITE IN THIS SPACE

4. FEI Number
237445268

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

City & State
Riviera Beach, FL

City & State
Riviera Beach, FL

City & State
Riviera Beach, FL

City & State
Riviera Beach, FL

City & State
Riviera Beach, FL

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Kathleen Boydelean, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)
840 U.S. Highway One

Suite 110

City
North Palm Beach FL Zip Code
33408

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, name of current agent or registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-appointing)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	NAME Anthony J. Gigliotti	STREET ADDRESS 125 Inlet Way	CITY-ST-ZIP Palm Beach Shores FL 33404
TITLE VD	NAME AL Rhodes	STREET ADDRESS 4000 N. Ocean Dr., No. 1204	CITY-ST-ZIP Riviera Beach, FL 33404
TITLE SD	NAME Martin Rosen	STREET ADDRESS 5200 N. Ocean Dr., No. 805	CITY-ST-ZIP Riviera Beach, FL 33404
TITLE ID	NAME William Radford III	STREET ADDRESS 1111 Powell Drive	CITY-ST-ZIP Riviera Beach, FL 33404
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other filers empowered.

SIGNATURE: _____ **3-18-03 561758-6582**

Signature—Handwritten or Printed Name of Signing Officer or Director Date Dying Print #

CH202076 (12/02)