

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750810

1. Entity Name

SANDPOINTE BAY CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90031 046 ****61.25

Principal Place of Business

Mailing Address

19800 SANDPOINTE BAY DR.
BOX A
TEQUESTA FL 33469

P.O. BOX 3913
TEQUESTA FL 33469-2362
US

2. Principal Place of Business

3. Mailing Address

19800 US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box A

City & State

City & State

Tequesta FL

4. FEI Number

59-2237923

Applied For

Not Applicable

Zip

Country

Zip

Country

33469

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGLIS, STEVE

100 S US HWY 1 FS-135
JUPITER FL 33477

Name

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

725 N AIA C/10

City

Jupiter

FL

Zip Code

33477

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 VPD
NAME DUTSCHMANN, GEORGE
STREET ADDRESS 19800 U. S. HWY 1 #302
CITY-ST-ZIP TEQUESTA FL 33469 ☒ Delete

TITLE VP/D
NAME Reedy, Richard
STREET ADDRESS 19800 US HWY 1 #109
CITY-ST-ZIP Tequesta, FL 33469 ☒ Change ☐ Addition

TITLE PD
NAME PHELPS, JAMES F
STREET ADDRESS 19800 US HWY 1 #512
CITY-ST-ZIP TEQUESTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BERARDO, LORRAINE
STREET ADDRESS 19800 U. S. HWY 1 #210
CITY-ST-ZIP TEQUESTA FL 33469 ☒ Delete

TITLE SID
NAME Doran, Joseph
STREET ADDRESS 19800 US HWY 1 #405
CITY-ST-ZIP Tequesta FL 33469 ☒ Change ☐ Addition

TITLE TD
NAME HUNSINGER, FAYE
STREET ADDRESS 19800 U. S. HWY 1 #411
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GUSTMAN, MARILYN
STREET ADDRESS 19800 U. S. HWY 1 #412
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 Feb 2000 575-3551

CR2E037 (9/99)