

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90149 023 ****61.25

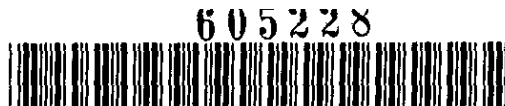
DOCUMENT # N02825

1. Entity Name

SAND DRIFT VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 1688 BREAKERS WEST BLVD.
 WEST PALM BEACH FL 33411
 US

Mailing Address
 1688 BREAKERS WEST BLVD.
 WEST PALM BEACH FL 33411-1867
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2408504

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAILEY, GEORGE
1150-A SAND DRIFT WAY
WEST PALM BEACH FL 33411

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:
FEES 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	PD	<input type="checkbox"/> Delete
NAME	BAILEY, GEORGE	
STREET ADDRESS	1150-A SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CICCHINI, NINO	
STREET ADDRESS	1121-D SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	LEGANZA, LEONARD	
STREET ADDRESS	1111-B SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	DAVIS, BARBARA	
STREET ADDRESS	107 HERON PARKWAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, EDWARD	
STREET ADDRESS	1130-D SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN, RICHARD	
STREET ADDRESS	1106-A SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, HOWARTH	
STREET ADDRESS	1110-A SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	

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: BARBARA DAVIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 Date 561-653-6306 Daytime Phone #