

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02825

1. Entity Name

SAND DRIFT VILLAS HOMEOWNERS ASSOCIATION, INC.

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

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

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

605228



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:**  
**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 PD  
NAME BAILEY, GEORGE  
STREET ADDRESS 1150-A SAND DRIFT WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

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

TITLE VD  
NAME CICCHINI, NINO  
STREET ADDRESS 1121-D SAND DRIFT WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

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

TITLE VTD  
NAME LEGANZA, LEONARD  
STREET ADDRESS 1111-B SAND DRIFT WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☒ Delete

TITLE VTD  
NAME HIRSCH, EDWARD  
STREET ADDRESS 1130-D SAND DRIFT WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition

TITLE ASD  
NAME DAVIS, BARBARA  
STREET ADDRESS 107 HERON PARKWAY  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME ALLAN, RICHARD  
STREET ADDRESS 1106-A SAND DRIFT WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME LEWIS, HOWARTH  
STREET ADDRESS 1110-A SAND DRIFT WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☐ Change ☒ Addition

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 REQUIRED BARBARA DAVIS

1/13/00

561-653-6306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #