

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90032 043 ****61.25

DOCUMENT # N02825

1. Entity Name

SAND DRIFT VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1560 FLAGLER PKWY
WEST PALM BEACH FL 33411
US**

Mailing Address

**1560 FLAGLER PKWY
WEST PALM BEACH FL 33411
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DAVIS, BARBARA
107 HERON PARKWAY
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-2408504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

MOORE

CR2E037 (11/03)



34010100

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

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DONALD, CURLY	
STREET ADDRESS	1130-A SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WAYNE, FEINBERG	
STREET ADDRESS	1130-C SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	HIRSCH, EDWARD	
STREET ADDRESS	1130-D 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	D	<input checked="" type="checkbox"/> Delete
NAME	ALLAN, RICHARD	
STREET ADDRESS	1106-A SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, HOWARD	
STREET ADDRESS	1110-A SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE BAILEY	
STREET ADDRESS	1150-A SAND DRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD CUTLER	
STREET ADDRESS	1100-B 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		<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		

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:

Barbara Davis

BARBARA DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/04 561-6536308