

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03388

1. Entity Name

SANDPIPER WOODS TOWNHOMES ASSOCIATION, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90287 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PHOENIX MANAGEMENT  
541 S ST RD 7 #12  
MARGATE FL 33068  
US

PHOENIX MANAGEMENT  
541 S STATE RD 7 #12  
MARGATE FL 33068-1711  
US

00049391



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

59-2472233

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

PHOENIX MANAGEMENT SERVICES INC  
541 S STATE RD 7 #12  
MARGATE FL 33068

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 D ☒ Delete  
NAME WALDON, REBECCA F  
STREET ADDRESS 451 SE 11 TERR  
CITY-ST-ZIP DANIA FL 33004

TITLE P.D. ☐ Change ☒ Addition  
NAME H. GEORGE RETTIG  
STREET ADDRESS 449 S.E. 11TH TERRACE  
CITY-ST-ZIP DANIA BEACH, FL. 33004

TITLE VPD ☐ Delete  
NAME STOKROCKI, MARILYN  
STREET ADDRESS 422 SE 11TH TERR  
CITY-ST-ZIP DANIA FL 33004

TITLE D. ☒ Change ☐ Addition  
NAME STOKROCKI, MARILYN  
STREET ADDRESS 422 SE 11TH TERRACE  
CITY-ST-ZIP DANIA BEACH, FL. 33004

TITLE PD ☒ Delete  
NAME BORAX, JOEL  
STREET ADDRESS 417 SE 14TH ST  
CITY-ST-ZIP DANIA FL

TITLE V.D. ☐ Change ☒ Addition  
NAME MARGARET HURTEAU  
STREET ADDRESS 459 SE 14th. St.  
CITY-ST-ZIP DANIA BEACH, FL. 33004

TITLE D ☐ Delete  
NAME BIRD, MONA  
STREET ADDRESS 466 SE 11TH TERRACE  
CITY-ST-ZIP DANIA FL 33004

TITLE S.D. ☒ Change ☐ Addition  
NAME MONA BIRCH  
STREET ADDRESS 466 S.E. 11th. TERRACE  
CITY-ST-ZIP DANIA BEACH, FL. 33004

TITLE D ☒ Delete  
NAME JOHNSON, CHARLOTTE  
STREET ADDRESS 401 SE 11TH TERR  
CITY-ST-ZIP DANIA FL 33004

TITLE D. ☐ Change ☒ Addition  
NAME GAIL SPOLAN  
STREET ADDRESS 443 S.E. 11th. TERRACE  
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE TD ☒ Delete  
NAME PAOLINI, CHRIS  
STREET ADDRESS 5309 NW 66 AVE  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)