

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N03388**

1. Entity Name

**SANDPIPER WOODS TOWNHOMES ASSOCIATION, INC.**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALDON, REBECCA F</b>	
STREET ADDRESS	<b>451 SE 11 TERR</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>STOKROCKI, MARILYN</b>	
STREET ADDRESS	<b>422 SE 11TH TERR</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BORAX, JOEL</b>	
STREET ADDRESS	<b>417 SE 14TH ST</b>	
CITY-ST-ZIP	<b>DANIA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIRD, MONA</b>	
STREET ADDRESS	<b>466 SE 11TH TERRACE</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, CHARLOTTE</b>	
STREET ADDRESS	<b>401 SE 11TH TERR</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAOLINI, CHRIS</b>	
STREET ADDRESS	<b>5309 NW 66 AVE</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	

TITLE	<b>P.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>H. GEORGE RETTIG</b>	
STREET ADDRESS	<b>449 S.E. 11TH TERRACE</b>	
CITY-ST-ZIP	<b>DANIA BEACH, FL. 33004</b>	
TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOKROCKI, MARILYN</b>	
STREET ADDRESS	<b>422 SE 11TH TERRACE</b>	
CITY-ST-ZIP	<b>DANIA BEACH, FL. 33004</b>	
TITLE	<b>V.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGARET HURTEAU</b>	
STREET ADDRESS	<b>459 SE 14th. St.</b>	
CITY-ST-ZIP	<b>DANIA BEACH, FL. 33004</b>	
TITLE	<b>S.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONA BIRCH</b>	
STREET ADDRESS	<b>466 S.E. 11th. TERRACE</b>	
CITY-ST-ZIP	<b>DANIA BEACH, FL. 33004</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GAIL SPOLAN</b>	
STREET ADDRESS	<b>443 S.E. 11th. TERRACE</b>	
CITY-ST-ZIP	<b>DANIA BEACH, FL 33004</b>	
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 an other like empowered.

**SIGNATURE:** SIGNATURE OF H. GEORGE RETTIG, P.D. 02/29/00 (954)923-1450  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)