

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06590

1. Entity Name

SANDALFOOT BOULEVARD ESTATES HOMEOWNERS ASSOCIAT



FILED

Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90003 004 ****61.25

Principal Place of Business

10581-228 LANE SOUTH
BOCA RATON FL 33428-5758

Mailing Address

500 NE SPANISH RIVER BLVD
#18
BOCA RATON FL 33431-4516
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2551580

Applied For

Not Applicable

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

ERNEST W. WILLIS
BEACON PROPERTY MGMT.
500 NE SPANISH RIVER BLVD #18
BOCA RATON FL 33431

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.

Ernest. W. Willis

4/6/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PORE, BILL
10671 228TH LN S
BOCA RATON FL 33428

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VERHOEVEN, TONI
10428 278TH LN S
BOCA RATON FL 33428

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
PD
BRAICA, PATRICIA FARBE
10581 228 LANE SOUTH
BOCA RATON FL

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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:

Patricia Braica, President
Signature

4/6/00

483-9510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #