

2000 UNIFORM BUSINESS REPORT (UBR)

2/28/00-90193-013-\$61.25-\$61.25

DOCUMENT # N22220

1. Entity Name

SAND STAR VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED

00 MAR 20 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 761 WEST ELKCAM CIRCLE MARCO ISLAND FL 33937	Mailing Address SAND STAR VILLAS CONDOMINIUM ASSOC INC P O BOX 536 MARCO ISLAND FL 34146-0536 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0056159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENOW, ROBERT
834 BALD EAGLE DR
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name: **Denise Pataas**
Street Address (P.O. Box Number is Not Acceptable): **261 N. Collins Blvd, Ste. 201**
City: **Marco Island** FL Zip Code: **34148**

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: Denise A Pataas DATE: 1/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE: VD NAME: FISCHER, AUGUST W. STREET ADDRESS: 27 WARREN STREET CITY-ST-ZIP: HACKENSACK NJ	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: PAGACH, KENNETH STREET ADDRESS: 761 W ELKCAM CIRCLE CITY-ST-ZIP: HACKENSACK NJ	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: CENICOLA, ALBERT STREET ADDRESS: ONE HEMLOCK PLACE CITY-ST-ZIP: RINGWOOD NJ	<input type="checkbox"/> Delete
TITLE: VP NAME: Shirley Helmick STREET ADDRESS: 761 W. Elkcam Circle # A-104 CITY-ST-ZIP: Marco Island, FL 34145	<input type="checkbox"/> Delete
TITLE: VP NAME: RITA GERKE STREET ADDRESS: 761 W. Elkcam Circle # A-103 CITY-ST-ZIP: Marco Island, FL 34145	<input type="checkbox"/> Delete
TITLE: VP NAME: Shawn McCracken STREET ADDRESS: 7761 W. Elkcam Circle # B-101 CITY-ST-ZIP: Marco Island, FL 34145	<input type="checkbox"/> Delete
TITLE: VP NAME: Eric Rilloppo STREET ADDRESS: 761 W. Elkcam Circle # B-101 CITY-ST-ZIP: Marco Island, FL 34145	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VP NAME: Shirley Helmick STREET ADDRESS: 761 W. Elkcam Circle # A-104 CITY-ST-ZIP: Marco Island, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D. NAME: Rita Gerke STREET ADDRESS: 761 W. Elkcam Circle # A-103 CITY-ST-ZIP: Marco Island, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: Shawn McCracken STREET ADDRESS: 7761 W. Elkcam Circle # B-101 CITY-ST-ZIP: Marco Island, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P.D. NAME: Eric Rilloppo STREET ADDRESS: 761 W. Elkcam Circle # B-101 CITY-ST-ZIP: Marco Island, FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shawn McCracken DATE: 1/24/00 **KE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)