2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40650

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90168 006 ****61.25

1. Entity Name

SAND EGRET RECREATIONAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5800 AQUARIUS BLVD LAKE WORTH FL 33467 US	P.O. BOX 540373 LAKE WORTH FL 33454-0373 US

DO NOT WRITE IN THIS SPACE

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 65-0343017 ☐ 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
LUPO, JOSEPH R. 5480 WHITE SANDS COVE LAKE WORTH FL 33467	Name BARBARA - WITLIN Street Address (P.O. Box Number is Not Acceptable) 8717 EGRET ISLE TERRACE City LAKE WORTH **FL** Zip Code 33467

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 BARBARA WITLIN, PRESIDENT Barbara Witlin 4-17-00
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	TD CHOMSKY, BARBARA 5566 EGRET ISLE TRAIL LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~MAR~~ EDELSTEIN, MARILYN 5433 WHITE SANDS COVE LAKE WORTH FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUPO, JOSEPH R. 5480 WHITE SANDS COVE LAKE WORTH FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEGALOFF, IRA 8640 GRASSY ISLE TRAIL LAKE WORTH, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALPERIN, SALLY 8663 EGRET ISLE TERRACE LAKE WORTH FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIPSON, SIDNEY 8719 GRASSY ISLE TRAIL LAKE WORTH, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TANNER, ALFRED 5440 WHITE SANDS COVE LAKE WORTH FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WITLIN, BARBARA 8717 EGRET ISLE TERRACE LAKE WORTH FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WITLIN, BARBARA 8717 EGRET ISLE TERRACE LAKE WORTH, FL 33467	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 CHOMSKY Barbara Chomsky 4-17-00 (561) 433-4231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #