

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90046 041 *****61.25

0053841

DOCUMENT # N40650

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

00000000



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

65-0343017

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

LUPU, JOSEPH R.
 5480 WHITE SANDS COVE
 LAKE WORTH FL 33467

Name **G. Clinton Sornberger**
 Street Address (P.O. Box Number is Not Acceptable)

5376 White Sands Cove

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

G. Clinton Sornberger *G. Clinton Sornberger, Treasurer, April 11, 2001*
 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 **TD** ☒ Delete
 NAME **CHOMSKY, BARBARA**
 STREET ADDRESS **5566 EGRET ISLE TRAIL**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **TD** ☒ Change ☒ Addition
 NAME **Clinton Sornberger**
 STREET ADDRESS **5376 White Sands Cove**
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **SD** ☒ Delete
 NAME **EDELSTEIN, MARILYN**
 STREET ADDRESS **5433 WHITE SANDS COVE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **SD** ☒ Change ☒ Addition
 NAME **Wendy Raban**
 STREET ADDRESS **8657 Egret Isle Terrace**
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **VD** ☐ Delete
 NAME **SEGALOFF, IRA**
 STREET ADDRESS **8640 GARASSY ISLE TRAIL**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE **D** ☒ Delete
 NAME **LIPSON, SIDNEY**
 STREET ADDRESS **8719 GRASSY ISLE TR**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☒ Change ☐ Addition
 NAME **Stanley Lieberman**
 STREET ADDRESS **8754 Egret Isle Terrace**
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **PS** ☐ Delete
 NAME **WITLIN, BARBARA**
 STREET ADDRESS **8717 EGRET ISLE TERRACE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *G. Clinton Sornberger* *G. Clinton Sornberger 4/11/01 (561) 9666011*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)