2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State **DOCUMENT # N40650** 1. Entity Name SAND EGRET RECREATIONAL ASSOCIATION, INC. 05-02-2002 90127 022 ****61.25 Principal Place of Business Mailing Address 5800 AQUARIUS BLVD P.O. BOX 540373 Θ Θ Θ Θ Θ Θ Θ LAKE WORTH FL 33467 LAKE WORTH FL 33454-0373 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0343017 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ornas Street Address (P.O. Box Number is Not Acceptable) SORNBERGER, G. CLINTON 5376 WHITE SANDS COVE 1ai LAKE WORTH FL 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 ...3 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \Box Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) TD TITLE ☐ Delete TITLE ☐ Addition NAME SORNBERGER, CLINTON NAME STREET ADDRESS 5376 WHITE SANDS COVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lake worth fl. 33467 $\mathcal{S}\mathfrak{D}$ TITLE Delete TITLE **Addition** ☐ Change NAME RABAN, WENDY NAME Susan Marino STREET ADDRESS STREET ADDRESS 8657 EGRET ISLE TERRACE 89 White Sands Cove KE Worth, Fu 33 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467. ۷D TITLE Delete TITLE ☐ Change Addition Thomas Crispyn NAME SEGALOFF, IRA NAME STREET ADDRESS STREET ADDRESS 8696 Grassy Tsle Trail 8640 GARASSY ISLE TRAIL CITY-ST-ZIF CITY-ST-ZIP LAKE WORTH FL 33467 Change TITLE TITLE ☐ Delete ☐ Addition NAME LIEBERMAN, STANLEY NAME Stanky Liebuman STREET ADDRESS STREET ADDRESS 8754 EGRET ISLE TERRACE CITY-ST-ZIF CITY-ST-ZIP LAKE WORTH FL 33467 1 Palma Addition Delete TITLE Change NAME WITLIN, BARBARA NAME 5650 Egret STREET ADDRESS STREET ADDRESS **8717 EGRET ISLE TERRACE** CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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