

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90224 048 ****61.25

DOCUMENT # N93000003644

1. Entity Name

SABAL LAKES PHASE TWO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3735 RIVERSIDE WAY
 DELRAY BEACH FL

915 BROKEN SOUND PKWY.
 STE. 250
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

951 Broken Sound PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

~~59-1984152~~ *650474038*

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

MESSINGER, JOEL
 951 BROKEN SOUND PKWY.
 BOCA RATON FL 33487

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.

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	D	<input type="checkbox"/> Delete
NAME	RUTZ, TERRY	
STREET ADDRESS	3802 SOUTH LANCEWOOD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PHILLIPS, RALPH	
STREET ADDRESS	3920 RIVERSIDE WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NORDT, KENNETH	
STREET ADDRESS	1310 E. LANCEWOOD PL.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROEGIERS, SUSAN	
STREET ADDRESS	1375 SABAL LAKES ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	LICATA, ROSS	
STREET ADDRESS	3720 BEACHWOOD DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan E. Roegiers* **Susan E. Roegiers** 4/9/02 (561) 994-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)