

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000003644

FILED  
Apr 02, 2003  
Secretary of State

Entity Name: SABAL LAKES PHASE TWO HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3735 RIVERSIDE WAY  
DELRAY BEACH, FL

**New Principal Place of Business:**

**Current Mailing Address:**

951 BROKEN SOUND PKWY  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 65-0474038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RUTZ, TERRY  
Address: 3802 SOUTH LANCEWOOD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD ( ) Delete  
Name: PHILLIPS, RALPH  
Address: 3920 RIVERSIDE WAY  
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD ( ) Delete  
Name: NORDT, KENNETH  
Address: 1310 E. LANCEWOOD PL.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD ( ) Delete  
Name: ROEGIERS, SUSAN  
Address: 1375 SABAL LAKES ROAD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: LICATA, ROSS  
Address: 3720 BEACHWOOD DR  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: TAVENDALE, KIM  
Address: 3720 RIVERSIDE WAY  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Change ( ) Addition  
Name: HALL, DAVID  
Address: 3760 SABAL LAKES RD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MURPHY, LISA  
Address: 1165 W. LANCEWOOD PL  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH NORDT

PD

04/02/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date