

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90071 043 ****61.25

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1. Entity Name

**SANDHILL TRACE AT IBIS HOMEOWNERS ASSOCIATION, I
NC.**

Principal Place of Business

**275 TONEY PENNA DR., #7
JUPITER FL 33458**

Mailing Address

**275 TONEY PENNA DR., #7
JUPITER FL 33458**

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 **65-0652753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KUNKLE, CRAIG
THE SUNRISE COMPANIES
275 TONEY PENNA DR., #7
JUPITER FL 33458**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	SYD KITSON	
STREET ADDRESS	9055 IBIS BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33412	
TITLE	DVP	☒ Delete
NAME	WILSON, CLIFFORD G	
STREET ADDRESS	9055 IBIS BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33412	
TITLE	DST	☒ Delete
NAME	ERDMAN, PATRICIA A	
STREET ADDRESS	9055 IBIS BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33412	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☐ Change ☒ Addition
NAME	STUART SCHWARTZ, DR	
STREET ADDRESS	7960 SANDHILL CTR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	DVP	☐ Change ☒ Addition
NAME	JOHN FOTI	
STREET ADDRESS	8080 SANDHILL COURT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	D	☐ Change ☒ Addition
NAME	RICHARD LEVINSON	
STREET ADDRESS	7712 SANDHILL CT.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	PS	☐ Change ☒ Addition
NAME	DORLORES COLEMAN	
STREET ADDRESS	7930 SANDHILL CT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	D	☐ Change ☒ Addition
NAME	STEPHEN STAPAS	
STREET ADDRESS	7806 SANDHILL CT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	D	☐ Change ☒ Addition
NAME	RAYMOND STONEBACK	
STREET ADDRESS	8070 SANDHILL CT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	

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:

Stuart Schwartz

STUART

SCHWARTZ

3-21-03

561-575-7792

CR2E037 (10/02)