FILE NOW: FILING FEE IS $61.25

FILED
Oct 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001465

1. Corporation Name
SAUSALITO PLACE HOMEOWNERS ASSN., INC.

Principal Place of Business / Mailing Address
C/O Custom Property Management, Inc.
2328 S. Congress Ave. Suite 2A
W.P.B., FL 33406

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

3. Date Incorporated or Qualified

4. FEI Number 65-0550469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Carry Rothenberg
900 N. Federal Hwy #460
Boca Raton, FL 33432

10. Name and Address of New Registered Agent
81 Name: KEITH F. BACKER
82 Street Address (P.O. Box Number Is Not Acceptable): 136 EAST BOCA CATON ROAD
83
84 City: BOCA RATON FL 85 Zip Code: 33432

11. Pursuant to the provisions of Section(s) 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 10/6/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	MORRIS RICHEC		1.2 NAME	Joseph Roller	
STREET ADDRESS	2539 OLD OKEECHOBEE RD.		1.3 STREET ADDRESS	161 Sausalito Dr.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP	Boynton Bch FL 33436	
TITLE	VICE PRESIDENT	☒ DELETE	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	MORRIS RICHEC		2.2 NAME	Lester Moyer	
STREET ADDRESS	2539 OLD OKEECHOBEE RD.		2.3 STREET ADDRESS	118 Sausalito Dr	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		2.4 CITY-ST-ZIP	Boynton Bch FL 33436	
TITLE		☐ DELETE	3.1 TITLE	D.T.	☐ Change ☒ Addition
NAME			3.2 NAME	Salvatore Giusto	
STREET ADDRESS			3.3 STREET ADDRESS	163 Sausalito Dr	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Boynton Bch. FL 33436	
TITLE		☐ DELETE	4.1 TITLE	DS	☐ Change ☒ Addition
NAME			4.2 NAME	Lenore Waldman	
STREET ADDRESS			4.3 STREET ADDRESS	41 Sausalito Dr	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Boynton Bch FL 33436	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	George Frank	
STREET ADDRESS			5.3 STREET ADDRESS	30 Sausalito Dr	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Boynton Bch FL. 33436	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000002662910	
STREET ADDRESS			6.3 STREET ADDRESS	-10/13/98--01088--031	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

PE 10-13

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/23/98