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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
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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

3. Date Incorporated or Qualified

4. FEI Number

Applied For

65-0550469

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Carry Rothenberg
900 N. Federal Hwy #460
Boca Raton, FL 33432

B1 Name

KEITH F. BACKER

B2 Street Address (P.O. Box Number Is Not Acceptable)

136 EAST BOCA RATON ROAD

B3

B4 City

BOCA RATON

FL

Zip Code 33432

11. Pursuant to the provisions of Sections 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

10/6/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☒ DELETE
NAME MORRIS RICKEL
STREET ADDRESS 2539 OLD OKEECHOBEE RD.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE VICE PRESIDENT ☒ DELETE
NAME MORRIS RICKEL
STREET ADDRESS 2539 OLD OKEECHOBEE RD.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

DP

1.2 NAME

Joseph Roller

1.3 STREET ADDRESS

161 Sausalito Dr.

1.4 CITY-ST-ZIP

Boynton Beach FL 33436

2.1 TITLE

DVP

2.2 NAME

Lester Mover

2.3 STREET ADDRESS

118 Sausalito Dr

2.4 CITY-ST-ZIP

Boynton Beach FL 33436

3.1 TITLE

D.T.

3.2 NAME

Salvatore Giusto

3.3 STREET ADDRESS

163 Sausalito Dr

3.4 CITY-ST-ZIP

Boynton Beach FL 33436

4.1 TITLE

DS

4.2 NAME

Lenore Waldman

4.3 STREET ADDRESS

41 Sausalito Dr

4.4 CITY-ST-ZIP

Boynton Beach FL 33436

5.1 TITLE

D

5.2 NAME

George Frank

5.3 STREET ADDRESS

30 Sausalito Dr

5.4 CITY-ST-ZIP

Boynton Beach FL 33436

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

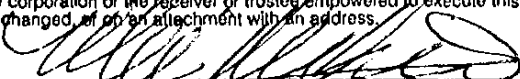
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***61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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