

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90020 046 ****61.25

DOCUMENT # N95000003954 ✓

1. Entity Name
SANTA CRUZ HOMEOWNERS ASSN :

Principal Place of Business **Mailing Address**

A0049605

2. Principal Place of Business **3. Mailing Address**

Associated Prop Mgmt Associated Prop Mgmt

Suite, Apt. #, etc. 400 S Dixie Hwy #10 Suite, Apt. #, etc. 400 S Dixie Hwy #10

City & State Lake Worth, FL City & State Lake Worth, FL

Zip 33460 Country USA Zip 33460 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0627753 **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**

Name Associated Property Mgmt

Street Address (P.O. Box Number is Not Acceptable) 400 S Dixie Hwy #10

City Lake Worth **FL** Zip Code 33460

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 Rosemary McKessy Rosemary McKessy 3/26/01

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** ☐ **\$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 <u>PD</u>	<u>Neyer, Stuart</u> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>9924 Kamena Cir</u>	NAME	
STREET ADDRESS	<u>Baynton Beach FL 33436</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>VPD</u>	<u>Monroe Laura</u> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>9934 Kamena Cir</u>	NAME	
STREET ADDRESS	<u>Baynton Beach FL 33436</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>SD</u>	<u>Gordon Carol</u> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>9829 Kamena Circle</u>	NAME	
STREET ADDRESS	<u>Baynton Beach FL 33436</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>TD</u>	<u>Mayer Miriam</u> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>9806 Kamena Circle</u>	NAME	
STREET ADDRESS	<u>Baynton Beach FL 33436</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>D</u>	<u>Bailey Denise</u> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>9808 Kamena Circle</u>	NAME	
STREET ADDRESS	<u>Baynton Beach FL 33436</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 duly empowered

SIGNATURE: [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____

CR2E037 (11/00)