

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 745754**

1. Entity Name

**SANDTREE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 30481  
PALM BEACH GARDENS FL 33420****P.O. BOX 30481  
PALM BEACH GARDENS FL 33420**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2044022**

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

**BECKER & POLIAKOFF, PA  
500 AUSTRALIAN AVE  
9TH FLOOR  
WEST PALM BEACH FL 33401**

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.

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LENTZ, DONNA	
STREET ADDRESS	513 SANDTREE DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33403	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred DeLouis	
STREET ADDRESS	822 Sandtree Dr.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33403	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SEGAL, LOUIS	
STREET ADDRESS	313 SANDTREE DR	
CITY-ST-ZIP	PALM BCH GRDNS FL 33403	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Hamilton	
STREET ADDRESS	410 Sandtree Dr.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33403	

TITLE	DT	<input type="checkbox"/> Delete
NAME	TOMCZYK, MARY	
STREET ADDRESS	906 SANDTREE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33403	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	FURTAK, LOKE	
STREET ADDRESS	414 SANDTREE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33403	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWARD, CHRISTINE	
STREET ADDRESS	407 SANDTREE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33403	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: *Donna Lentz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Donna Lentz, President

561/625-0201

Date

Daytime Phone #

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90001 002 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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