

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90009 001 \*\*\*\*61.25

**DOCUMENT # 725761**

1. Entity Name

**SUGAR SANDS CONDOMINIUM ASSOCIATION INC**

Principal Place of Business

Mailing Address

**1242 NORTH SUGAR SANDS BOULEVARD  
 RIVIERA BEACH FL 33404  
 US**

**1242 NORTH SUGAR SANDS BOULEVARD  
 RIVIERA BEACH FL 33404  
 US**

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

**59-1554808**

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

**REKTOR, KENNETH S  
 10 AUSTRALIAN AVE. SOUTH  
 1ST 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 **DP** ☒ Delete  
 NAME **ORMEROD, WILLIAM W**  
 STREET ADDRESS **1030 SUGAR SANDS BLVD**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **DP** ☒ Change ☐ Addition  
 NAME **WINN, Thomas P.**  
 STREET ADDRESS **1181 SUGAR SANDS BLVD.**  
 CITY-ST-ZIP **RIVIERA BEACH, FL. 33404**

TITLE **DS** ☐ Delete  
 NAME **FRITSCHIE, FRANCOIS**  
 STREET ADDRESS **1050 SUGAR SANDS BLVD**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVP** ☒ Delete  
 NAME **WINN, THOMAS P**  
 STREET ADDRESS **1101 SUGAR SANDS BLVD**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **DVP** ☒ Change ☐ Addition  
 NAME **CHATLOVICZ, Ruth**  
 STREET ADDRESS **1160 SUGAR SANDS BLVD.**  
 CITY-ST-ZIP **RIVIERA BEACH, FL. 33404**

TITLE **TD** ☐ Delete  
 NAME **BLESTRIER, VINCENT**  
 STREET ADDRESS **1250 SUGAR SANDS BLVD**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Vincent Blestrier*, Treas.

2/21/02

561-844-5630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)