

5/19

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90193 018 \*\*\*\*61.25

**DOCUMENT # N01000002476**

1. Entity Name

**SANDY BY THE SEA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

4611 POINCIANA ST.  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4611 POINCIANA ST.  
LAUDERDALE BY THE SEA FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1123411

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, JOHN S ESQ  
1501 NE 4TH AVE.  
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	STELLA, SANDRA A	
STREET ADDRESS	4628 SEA GRAPE DR.	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOLFE, CAROL	
STREET ADDRESS	4628 SEA GRAPE DR.	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEITZ, TANYA	
STREET ADDRESS	4628 SEA GRAPE DR.	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Bronson	
STREET ADDRESS	4611 Poinciana ST # 8	
CITY-ST-ZIP	LAUDERDALE BY THE SEA 33308	

TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Morris	
STREET ADDRESS	4611 Poinciana ST # 4	
CITY-ST-ZIP	LAUDERDALE BY THE SEA 33308	

TITLE	Secretary-Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Key	
STREET ADDRESS	4611 Poinciana ST # 5	
CITY-ST-ZIP	LAUDERDALE BY THE SEA 33308	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

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