

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 & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1123411

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 \$81.25

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** Delete
NAME: **STELLA, SANDRA A**
STREET ADDRESS: **4628 SEA GRAPE DR.**
CITY-ST-ZIP: **LAUDERDALE BY THE SEA FL 33308**

TITLE: **D** Delete
NAME: **WOLFE, CAROL**
STREET ADDRESS: **4628 SEA GRAPE DR.**
CITY-ST-ZIP: **LAUDERDALE BY THE SEA FL 33308**

TITLE: **D** Delete
NAME: **LEITZ, TANYA**
STREET ADDRESS: **4628 SEA GRAPE DR.**
CITY-ST-ZIP: **LAUDERDALE BY THE SEA FL 33308**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

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

TITLE: **President** Change Addition
NAME: **Peter Bronson**
STREET ADDRESS: **4611 Poinciana ST # 8**
CITY-ST-ZIP: **LAUDERDALE BY THE SEA 33308**

TITLE: **Vice President** Change Addition
NAME: **David Morris**
STREET ADDRESS: **4611 Poinciana ST # 4**
CITY-ST-ZIP: **LAUDERDALE BY THE SEA 33308**

TITLE: **Secretary-Treasurer** Change Addition
NAME: **Amy Key**
STREET ADDRESS: **4611 Poinciana ST # 5**
CITY-ST-ZIP: **LAUDERDALE BY THE SEA 33308**

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

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

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

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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