


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001465</b> 1. Entity Name <b>SAUSALITO PLACE HOMEOWNERS ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>200 SAUSALITO CIRCLE BOYNTON BEACH, FL 33436</b>	Mailing Address <b>200 SAUSALITO CIRCLE BOYNTON BEACH, FL 33436</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0550469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STOLOFF, SCOTT A DICKER, KRIVOK &amp; STOLOFF, P.A. 1818 AUSTRALIAN AVE. SOUTH, SUITE 400 WEST PALM BEACH, FL 33409</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZITO, MICHAEL 29 SAUSALITO DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITE, JOANN 33 SAUSALITO DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STARKMAN, ALVIN 152 SAUSALITO DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GASTIN, DAN 126 SAUSALITO DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEGASPERIS, PATRICK 50 SAUSALITO DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000039577  
02/09/04-80011-011 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** *Joann White, President* **JO ANN WHITE** 2/3/04 561-368-4306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #