

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90393 022 ****61.25

DOCUMENT # N95000003954

1. Entity Name

SANTA CRUZ HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1928 LAKE WORTH ROAD
LAKE WORTH FL 33461
US

Mailing Address

1928 LAKE WORTH ROAD
LAKE WORTH FL 33461
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

65-0627753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD.
LAKE WORTH FL 33461

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PORTA, FRANK	
STREET ADDRESS	9890 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARKS, DON	
STREET ADDRESS	9761 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, SHIRELY	
STREET ADDRESS	9807 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, DEBORAH	
STREET ADDRESS	9814 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JO LINDA	
STREET ADDRESS	9785 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAPSKER, KEITH	
STREET ADDRESS	9804 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL 33436	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, SHIRLEY	
STREET ADDRESS	9807 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENWALD, ALEX	
STREET ADDRESS	9483 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON CAROL	
STREET ADDRESS	9829 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, DEBORAH	
STREET ADDRESS	9814 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTA, FRANK	
STREET ADDRESS	9890 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWITT, BONNIE	
STREET ADDRESS	9876 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley Powell

3/31/04

861-742-0190