

AMENDED
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90032 045 ****70.00

DOCUMENT # N96000001465 1. Entity Name SAUSALITO Place Homeowners Assoc INC	
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DO NOT WRITE IN THIS SPACE

94048356

2. Principal Place of Business 200 Sausalito Circle Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State	
Zip 33436	Country	Zip	Country
4. FEI Number 65-0550469		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Stone, P.A. STOLOFF, SCOTT, A
Street Address (P.O. Box Number is Not Acceptable) DICKER, KRIVOK, & STOLOFF, PA
1840 Coral Way, 18th Floor 1818 AUSTRALIAN AVE. SO, Suite 400
City West Palm Beach, FL Zip Code 33409

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 are required. (NOTE: Registered Agent signature required when not signing) DATE.

FEE IS \$61.25
Initial or Amended UBR

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 PO	NAME White, Jo Ann	TITLE	
STREET ADDRESS 33 SAUSALITO DRIVE		STREET ADDRESS	
CITY-ST-ZIP Boynton Beach, FL 33436		CITY-ST-ZIP	
TITLE TP	NAME Thomas Ingenito, Thomas	TITLE	
STREET ADDRESS 96 SAUSALITO DRIVE		STREET ADDRESS	
CITY-ST-ZIP Boynton Beach, FL 33436		CITY-ST-ZIP	
TITLE SD	NAME Zito, Michael	TITLE	
STREET ADDRESS 2A SAUSALITO DR		STREET ADDRESS	
CITY-ST-ZIP Boynton Beach, FL 33436		CITY-ST-ZIP	
TITLE D	NAME GASTIN, DAN	TITLE	
STREET ADDRESS 126 SAUSALITO DR		STREET ADDRESS	
CITY-ST-ZIP Boynton Beach, FL 33436		CITY-ST-ZIP	
TITLE D	NAME GRADKE, MANNY	TITLE	
STREET ADDRESS 22 SAUSALITO DR		STREET ADDRESS	
CITY-ST-ZIP Boynton Beach, FL 33436		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mickal Zito Mike Zito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04

Date

Daytime Phone #