

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90080 049 ****70.00

DOCUMENT # N96000001465

1. Entity Name
SAUSALITO PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**200 SAUSALITO CIRCLE
BOYNTON BEACH, FL 33436**

Mailing Address
**200 SAUSALITO CIRCLE
BOYNTON BEACH, FL 33436**

40053302



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number **39-3508351 Form 990** Applied For
65-0550469 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOLOFF, SCOTT A
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE. SOUTH, SUITE 400
WEST PALM BEACH, FL 33409**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WHITE, JO ANN
STREET ADDRESS 33 SAUSALITO DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **Patrick DE GASPERIS**
STREET ADDRESS **50 Sausalito Drive**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE TD ☒ Delete
NAME INGENITO, THOMAS
STREET ADDRESS 96 SAUSALITO DR
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **DONALD J. LATNIK**
STREET ADDRESS **49 SAUSALITO DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE SD ☐ Delete
NAME ZITO, MICHAEL
STREET ADDRESS 29 SAUSALITO DR
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE **SECRETARY** ☐ Change ☐ Addition
NAME **Michael J. Zito**
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GASTIN, DAN
STREET ADDRESS 126 SAUSALITO DR
CITY-ST-ZIP BOYNTON BEACH, FL 33436

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

TITLE D ☐ Delete
NAME GRADTKE, MANNY
STREET ADDRESS 22 SAUSALITO DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

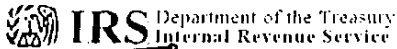
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:

JO ANN WHITE
JO ANN WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05 561-364-4306
Date Daytime Phone #



ATTACHMENT

OGDEN UT 84201-0046

In reply refer to: 0424137616
Nov. 23, 2004 LTR 147C
59-3508351 200312 02 000
01214
BODC: SB

40035502
N96000001465

SAUSALITO PLACE HOMEOWNERS ASSOC
1928 LAKE WORTH RD
LAKE WORTH FL 33461-4228287



000500

Employer Identification Number: 59-3508351

Dear Taxpayer:

Thank you for the inquiry dated Oct. 05, 2004.

The Employer Identification Number (EIN) that you stated was your EIN belongs to another taxpayer.

Your Employer Identification Number (EIN) is 59-3508351. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-877-829-5500 between the hours of 8:00 a.m. and 6:30 p.m., Eastern Time.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

FIRST SOUTHERN
BANK
UNION BANK
WORLD SAVINGS
Gerstle Rosen