

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90075 009 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 CAS Management Street Address (P.O. Box Number is Not Acceptable) 951 Broken Sound Pkwy Suite 250 City Boca Raton FL Zip Code 33487	
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 <u><i>[Signature]</i></u> (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. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, SHIRLEY 9807 KAMENA CIRCLE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK POETA 9890 KAMENA CIRCLE BOYNTON BCH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENWALD, ALEX 9713 KAMENA CIRCLE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, CAROL 9829 KAMENA CIRCLE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KURTZ, DEBORAH 9814 KAMENA CIRCLE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JOLINDA 9785 KAMENA CIRCLE BOYNTON BCH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWITT, BONNIE 9876 KAMENA CIRCLE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/5/05</u> Daytime Phone # <u>561-573-4025</u>		

40001842



03242005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0627753

Applied For
Not Applicable

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, SHIRLEY	
STREET ADDRESS	9807 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREENWALD, ALEX	
STREET ADDRESS	9713 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GORDON, CAROL	
STREET ADDRESS	9829 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, DEBORAH	
STREET ADDRESS	9814 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JOLINDA	
STREET ADDRESS	9785 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH, FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWITT, BONNIE	
STREET ADDRESS	9876 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK POETA	
STREET ADDRESS	9890 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #