

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90363 033 ****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**

2. Principal Place of Business

3. Mailing Address

JO ANN MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6413 Congress Ave #220

03272006

Chg-NP

CR2E037 (11/05)

City & State

City & State

Boca Raton, FLA

4. FEI Number
59-3508351

Applied For
Not Applicable

Zip

Country

Zip

Country

33487

USA

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, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HAROLD KELMAN
54 SAUSALITO DR
BOYNTON Bch, FL 33436** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LATNIK, DONALD J
49 SAUSALITO DRIVE
BOYNTON BEACH, FL 33436** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PATRICK DE GASPERIS
50 SAUSALITO DR
BOYNTON Bch, FL 33436** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ZITO, MICHAEL J
29 SAUSALITO DR
BOYNTON BEACH, FL 33436** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARIA SALGADO
2 SAUSALITO DR
BOYNTON Bch, FL 33436** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GEGASPERIS, PATRICK
50 SAUSALITO DRIVE
BOYNTON BEACH, FL 33436** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHN EDSON
142 SAUSALITO DR
BOYNTON Bch, FL 33436** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D-ALVIN STEIN
85 SAUSALITO DR
BOYNTON Bch, FL 33436** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Bonnie Foster as agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06

Date

Daytime Phone #

561-982-8633