2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **713654** Apr 25, 2000 8:00 am Secretary of State SABAL RIDGE APARTMENT ASSOCIATION, INC. 04-25-2000 90115 032 ****61.25 Principal Place of Business Mailing Address 750 S. OCEAN BLVD. 750 S. OCEAN BLVD. BOCA RATON FL 33432-6302 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1212794 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HOLDEN, FRED J. 750 S. OCEAN BLVD. **BOCA RARON FL 33432** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE P TITLE NAME NAME HUFFER, JAMES E. STREET ADDRESS STREET ADDRESS 750 S. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ■ Addition TITLE TITLE St ☐ Delete NAME NAMÉ van winkle, adelaide s. STREET ADDRESS STREET ADDRESS 750 S. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change Addition TITLE TITLE ☐ Delete D NAME NAME OLTON, FRANK STREET ADDRESS STREET ADDRESS 750 S. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition Change TIT: F Delete TITLE HAYES, JOHN P. HENDERSON, BENSON NAME NAME STREET ADDRESS 750 S. OCEAN BLVD STREET ADDRESS 750 S OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 BOCA RATON FL ☐ Addition Change TITI F Delete TITLE SMITH, HAROLD M. NAME NAME STREET ADDRESS STREET ADDRESS 750 S OCEAN BOULEVARD CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 ☐ Addition : Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 4/18/2

4/18/2000 561<mark>-</mark>395-912