

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713654

1. Entity Name

SABAL RIDGE APARTMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

750 S. OCEAN BLVD.
BOCA RATON FL 33432

750 S. OCEAN BLVD.
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1212794

Applied For

Not Applicable

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

HOLDEN, FRED J.
750 S. OCEAN BLVD.
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

BOCA RATON

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	HUFFER, JAMES E.	
STREET ADDRESS	750 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	☐ Delete
NAME	VAN WINKLE, ADELAIDE S.	
STREET ADDRESS	750 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ Delete
NAME	OLTON, FRANK	
STREET ADDRESS	750 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☐ Delete
NAME	SMITH, HAROLD M.	
STREET ADDRESS	750 S OCEAN BOULEVARD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	☐ Delete
NAME	GODIN, HUBERT	
STREET ADDRESS	750 S OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: Adelaide S. Van Winkle Adelaide S. Van Winkle 3/27/02 561-395-9122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0034866

CR2E037 (9/01)

FILED

Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90951 007 ****61.25