

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90037 038 ****61.25

DOCUMENT # 728111

1. Entity Name

**SANDALFOOT BOULEVARD APARTMENTS, BUILDING 401, A
 ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**SANDALFOOT BLVD.
 BLDG 401
 BOCA RATON FL 33428**

**9915 SANDALFOOT BLVD.
 BLDG 401
 BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1444519

Applied For

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

**SWEENEY, ELEANOR S.
 9915 SANDALFOOT BLVD. #410
 BOCA RATON FL 33428**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **CURRIVAN CHRISTENE**
 STREET ADDRESS **9915 SANDALFOOT BLVD.**
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VP** ☒ Delete
 NAME **GIGANTE, NICHOLAS**
 STREET ADDRESS **9915 SANDALFOOT BLVD.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☒ Change ☐ Addition
 NAME **CHARLES CANDELARIA**
 STREET ADDRESS **9915 SANDALFOOT BLVD**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **TS** ☐ Delete
 NAME **SWEENEY, ELANOR S**
 STREET ADDRESS **9915 SANDALFOOT BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **D** ☐ Delete
 NAME **STEWART, BONNIE**
 STREET ADDRESS **9915 SANDALFOOD BLVD**
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **D** ☐ Delete
 NAME **GIGANTE, NICHOLAS**
 STREET ADDRESS **9915 SANDALFOOT BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **D** ☐ Delete
 NAME **DICKMAN, WILLIAM**
 STREET ADDRESS **9915 SANDALFOOT BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☒ Change ☒ Addition
 NAME **PHYLLIS DANTUONO**
 STREET ADDRESS **9915 SANDALFOOT BLVD**
 CITY-ST-ZIP **BOCA RATON, FL**

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: **Eleanor S. Sweeney**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02 561-482-8916
 Date Daytime Phone #

CR2E037 (9/01)