CR2E037 (10/02)

FILED

Secretary of State

01-21-2003 90191 048 ****61 25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728111

1. Entity Name

SANDALFOOT BOULEVARD APARTMENTS, BUILDING 401, A SSOCIATION, INC.



Principal Place of Business Mailing Address AAA (# # 6 9915 SANDALFOOT BLVD. 9915 SANDALFOOT BLVD. BLDG 401 BLDG 401 **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1444519 Applied For Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWEENEY, ELEANOR S. Street Address (P.O. Box Number is Not Acceptable) 9915 SANDALFOOT BLVD. #410 **BOCA RATON FL 33428** City 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 9. Election Campaign Financing 8 FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **CURRIVAN CHRISTENE** NAME NAME 9915 SANDALFOOT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP **VP** TITLE TITLE Delete ☐ Change ☐ Addition CANDELARIA, CHARLES NAME NAME 9915 SANDALFOOT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TS TITLE ☐ Defete TITI F ☐ Change ☐ Addition SWEENEY, ELANOR S NAME 9915 SANDALFOOT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STEWART, BONNIE NAME STREET ADDRESS 9915 SANDALFOOD BLVD STREET ADDRESS CITY-ST-7IP **BOCA RATON FL** CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition GIGANTE, NICHOLAS NAME NAME STREET ADDRESS 9915 SANDALFOOT BLVD STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33428** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition DICKMAN, WILLIAM NAME STREET ADDRESS 9915 SANDALFOOT BLVD STREET ADDRESS **BOCA RATON FL 33428** 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 REQUIR

Sweeney 1/17/02