2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90077 031 ****61.25

DOCUMENT # 737015

1. Entity Name

CONDOMINIUM OWNERS ASSOCIATION OF SAND CAY, INC.

Principal Place of Business	Mailing Address
4725 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	4725 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-2129

DO NOT WRITE IN THIS SPACE

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 59-1692143 ☐ 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
JOHNSON, CHERI L. ~~2250 EUGENE ST~~ ~~SARASOTA FL 34231~~	Name Street Address (P.O. Box Number is Not Acceptable) 3825 EASTON ST. City SARA. FL. Zip Code FL 34238

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)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARROLL, PATRICIA 1046 GRISSON DR PALATINE IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KING, RUDY 420 OAK CREEK TR MADISON WI 53711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOCIAN, MARVIN 157 WOODSTOCK KENILWORTH IL 60043	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RAYMOND BOFFA 1000 PARADISE Rd. PHCS SWAMPSCOTT, MA 01907	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGEL, HOLGER 55 HAMILTON AVE ELGIN IL 60123	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR 12 BEAVER DAM RD. POMONA, NY 10970 ROGER GOLDSTEIN	☐ Change ☑ Add
TITLE / NAME ✓ / STREET ADDRESS / CITY-ST-ZIP	D BRAYTON, COLLEEN 7020 COMMERCE RD. W. BLOOMFIELD MI 48324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME ✓ / STREET ADDRESS / CITY-ST-ZIP	P DIMARIO, JOSEPH 736 15TH STREET OAKMONT PA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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: Cheri L Johnson Registered Agent 1/19/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #