

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742216

1. Entity Name

SABAL PINE SOUTH ASSOCIATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90096 030 ****61.25

Principal Place of Business

2840 SW 22ND AVE
 DELRAY BEACH FL 33445
 US

Mailing Address

2840 SW 22ND AVE
 DELRAY BEACH FL 33445-7228
 US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1932728

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

DIONNE, AUDREY
 2940 SW 22ND AVE
 #802
 DELRAY BEACH FL 33445

Name

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

Address Correction only

2960 S.W. 22nd Ave. # 802

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 **AUDREY DIONNE PRESIDENT,**

March 18, 2000

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	D	<input type="checkbox"/> Delete
NAME	FEMINELLA, ANNETTE	
STREET ADDRESS	2940 SW 22 AVE., #712	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHETTA, JOHN	
STREET ADDRESS	2800 SW 22ND AVE #108	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIONNE, AUDREY	
STREET ADDRESS	2960 S.W. 22ND AVE., #802	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FEMMINELLA, ANNETTA	
STREET ADDRESS	2940 SW 22ND AVE #712	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRIZIO, CONRAD	
STREET ADDRESS	2920 S.W. 22ND AVE., #605	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, RICHARD	
STREET ADDRESS	2900 SW 22ND AVE., #511	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Corey	
STREET ADDRESS	2820 S.W. 22nd Ave. # 204	
CITY-ST-ZIP	Delray Beach, Florida 33445	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russo, James	
STREET ADDRESS	2800 S.W. 22nd Ave. # 112	
CITY-ST-ZIP	Delray Beach, Florida 33445	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woodie Daust	
STREET ADDRESS	2840 S.W. 22nd Ave. # 315	
CITY-ST-ZIP	Delray Beach, Florida 33445	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Carter	
STREET ADDRESS	2900 S.W. 22nd Ave. # 515	
CITY-ST-ZIP	Delray Beach, Florida 33445	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conrad Mirizio	
STREET ADDRESS	2920 S.W. 22nd Ave. # 611	
CITY-ST-ZIP	Delray Beach, Florida 33445	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Zielske	
STREET ADDRESS	2860 S.W. 22nd Ave. # 407	
CITY-ST-ZIP	Delray Beach, Florida 33445	

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: **Audrey Dionne President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/00/ 561-265-1076

Date

Daytime Phone #

CR2E037 (9/99)