

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743943

1. Entity Name

THE WOODS OF SOUTHRIDGE, INC.

WOODS OF SOUTHRIDGE
HOMEOWNERS ASSOCIATION
P.O. BOX 812733

Principal Place of Business

6020 N. FEDERAL HWY #14
BOCA RATON FL 33487

NEW
ADDRESS

Mailing Address

6020 N. FEDERAL HWY #14
BOCA RATON FL 33487-3337

2. Principal Place of Business

2397 BENJAMIN AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 812733

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2052035

Applied For

Not Applicable

Zip

33444

Country

U.S.A

Zip

33481

Country

U.S.A

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

PATRIANI, SEAN
2397 BENJAMIN AVE
DELRAY BEACH FL 33444

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 NAME STREET ADDRESS CITY-ST-ZIP	D VAN LENTEN, GLEEN 2414 ZEBER AVE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, VERONICA 2470 DOUGLAS AVE DELRAY BEACH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLAN, SANDRA 2553 BESSIE ST DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRIANI, SEAN 2397 BENJAMIN AVE DELRAY BCH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEDMAN, JONATHAN 2422 ZEDER AVE DELRAY BCH FL 33444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRIANI, SEAN, SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHELE STETTNER, MICHELE 2425 SUNDY AVENUE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SEAN PATRIANI, SR 3/8/00 561/368-6040

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90047 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)