

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 748319**

1. Entity Name

**THE HAMMOCK OF SANDALFOOT OWNERS ASSOCIATION, IN**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90014 023 \*\*\*\*61.25

Principal Place of Business <b>GLEN MANAGEMENT 4301 OAK CIR., SUITE 18 BOCA RATON FL 33431 US</b>	Mailing Address <b>C/O GLEN MANAGEMENT 4301 OAK CIRCLE #23 BOCA RATON FL 33431-4258 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>C/o Glen Management Services</i> Suite, Apt. #, etc. <i>301 W. Camino Gardens, #200</i> City & State <i>BOCA RATON, FL</i> Zip <i>33432</i> Country <i>USA</i>	3. Mailing Address <i>C/o Glen Management Services</i> Suite, Apt. #, etc. <i>P.O. Box 1390</i> City & State <i>BOCA RATON, FL</i> Zip <i>33432</i> Country <i>USA</i>
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4. FEI Number <b>59-2424474</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>A GLEN 4301 OAK CIRCLE STE 23 BOCA RATON FL 33431</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>301 W. CAMINO GARDENS BLVD</i> <i>Suite 200</i> City <i>BOCA RATON</i> <b>FL</b> Zip Code <i>33432</i>
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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]* **A. GLEN** *2/2/2000*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>LEONARD, PATRICK M 22316 SW 57TH CIRCLE BOCA RATON FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DST</b>	<input type="checkbox"/> Delete <b>CONLEY, NANCY 22374 S.W. 57TH CIR. BOCA RATON FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>HUTCHINSON, HAZEL 22368 S.W. 57TH CIRCLE BOCA RATON FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>ODDO, PHILIP 22336 S.W. 57TH CIR. BOCA RATON FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>SARNELLI, MATT 22348 S.W. 57TH CIRCLE BOCA RATON FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)