


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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90164 019 \*\*\*\*61.25

**DOCUMENT # 757797**

1. Entity Name  
**SUNSET STRIP AIRPARK PROPERTY OWNER'S ASSOCIATIO  
N, INC.**



Principal Place of Business      Mailing Address

**CHERYL RABINEVITZ**      **PO BOX 92**  
**S.W. 13TH ST 7286**      **OKEECHOBEE FL 34973**  
**OKEECHOBEE FL 34974**      **US**  
**US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0174105**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RABINOVITZ, CHERYL**  
**7286 SW 13TH ST**  
**OKEECHOBEE FL 34974**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_      (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing       **\$5.00** May Be  
Trust Fund Contribution.      Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MATCHETT, EDDIE</b>
STREET ADDRESS	<b>7816 SW 9TH ST</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
TITLE	<b>TS</b> <input type="checkbox"/> Delete
NAME	<b>RABINOVITZ, CHERYL</b>
STREET ADDRESS	<b>7286 13TH ST S.W.</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>STARKS, BRAD</b>
STREET ADDRESS	<b>6690 SW 9TH ST.</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUDOVSKY, JEFF</b>
STREET ADDRESS	<b>7626 S.W. 9TH ST.</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SLAYTER, JACK</b>
STREET ADDRESS	<b>6808 S.W. 9TH ST.</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
TITLE	_____ <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATCHETT, EDDIE</b>
STREET ADDRESS	<b>7816 SW 9TH ST</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARK, BRAD</b>
STREET ADDRESS	<b>6690 SW 9TH ST</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUDOVSKY, JEFF</b>
STREET ADDRESS	<b>7626 SW 9TH ST</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMPSON, ROBERT</b>
STREET ADDRESS	<b>7726 SW 9 St</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>

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)* Cheryl Rabinovitz 4/4/03 863 357-2537

CRE037 (10/02)