2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90093 018 ****61.25

DOCUMENT # 759306

1. Entity Name

DRIFTWOOD BEACH CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4417 EL MAR DRIVE LAUDERDALE-BY-THE-SEA FL 33308	4417 EL MAR DRIVE LAUD BY SEA FL 33308 US

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 59-2186094 ☐ 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
OLSEN, GARY J 1215 E BROWARD BLVD FT LAUDERDALE FL 33301	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	PD BONGIOVANNI, PETER 5442 FIRENZE DR. #E BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~BURNS, DOROTHY~~ ~~755 SATURN ST~~ ~~JUPITER FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vernon Budd 27 Royal Ct. Shelton, CT 06484 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASONE, JOSEPH 20876 SPRINGS TERR BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~COSTELLO, BRIAN~~ ~~24 KIMBERLY DR~~ ~~SACO ME 04072~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Clark PO Box 1059 Vineyard Haven, MA 02568 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTELLO, MICHAEL 6327 BIRCHWOOD CT BURLINGTON KY 41005	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Chinosi 4906 Lucerne Lakes Blvd Lake Worth, FL 33467 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELLIS, ~~DALERE~~ 1950 CRANBROOK RD LIBERTYVILLE IL 65048	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BELLIS, DARLENE ☒ Change ☐ Addition

CR2E037 (9/01)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #