


FILED
Feb 24, 2003 8:00 am
Secretary of State

02-10-2003 90118 013 ****61.25

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

DOCUMENT # 769789

1. Entity Name
SAND & SEA MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2350 N.W. 20 AVE
 BOYNTON BEACH FL 33436
 US**

Mailing Address
**2218 N.W. 27TH AVE
 BOYNTON BEACH FL 33436
 US**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1621 NW 24 Str.
 Suite, Apt. #, etc.

City & State
Boynton Bch FL

City & State
Boynton Bch FL

Zip
33436 Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEL PRIORE, LAWRENCE S
 2212 NW 27TH AVE
 BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name **Nering DON**

Street Address (P.O. Box Number is Not Acceptable)
1621 N.W. 24 Str.

City **Boynton Beach** FL Zip Code **33436**

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 *Laura Mitchell - Secretary* X *Don Nering* **2/22/03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	QUIGLEY, RAY	DIRECTOR
STREET ADDRESS	2308 NW 23RD AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEL PRIORE, LAWRENCE L	
STREET ADDRESS	2212 NW 27TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CECILE	DIRECTOR
STREET ADDRESS	2201 14TH AVE N.W.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	BO	<input type="checkbox"/> Delete
NAME	MCBAIN, DENNIS	Board
STREET ADDRESS	2503 NW 22ND ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	WOLF, JOHN	Board
STREET ADDRESS	2510 N.W. 16 WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	BOD	<input checked="" type="checkbox"/> Delete
NAME	NERING, DON	
STREET ADDRESS	1621 N.W. 24 AVE-ST.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP - Nering, DON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1621 N.W. 24 St.	
CITY-ST-ZIP	Boynton Bch FL 33436	DIRECTOR
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura GETHOU	
STREET ADDRESS	2215 NW 22 WAY	
CITY-ST-ZIP	Boynton Bch FL 33436	DIRECTOR
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Laura Mitchell* **Ray Quigley** **561-735-9115**

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

CR2E037 (10/02)