

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769890

1. Entity Name

SAND DOLLAR NORTH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90101 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7380 S. OCEAN DRIVE  
JENSEN BEACH FL 34957  
US

C/O ADVANTAGE PROPERTY MANAGEMENT  
P.O. BOX 65  
JENSEN BEACH FL 34958-0065  
US

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

65-0009600

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

ROSS, DEBORAH L  
WACKEEN, CORNETT & GOOGE, P.A.  
401 EAST OSCEOLA STREET  
STUART FL 34994

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 VP ☐ Delete  
NAME KOVACS, LOUIS  
STREET ADDRESS 7370 S OCEAN DR 516  
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME STARK, ROBERT  
STREET ADDRESS 7370 S OCEAN DR, #B-214  
CITY-ST-ZIP JENSEN BEACH FL 33495

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BENTZ, BOB  
STREET ADDRESS 7370 S OCEAN DR  
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME LIGHTON, RICHARD  
STREET ADDRESS 7380 S. OCEAN DR. 518  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME CARTER, BERNIE  
STREET ADDRESS 7370 S OCEAN DR  
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KINNIE, WILLIAM  
STREET ADDRESS 7370 S OCEAN DR 314  
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☒ Change ☐ Addition  
NAME VP  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-00

CR2E037 (9/99)