

2002 UNIFORM BUSINESS REPORT (UBR)

5/27/2002-90403-015-\$61.25-\$61.25

0001316

DOCUMENT # N00000002294

1. Entity Name

DARWIN PLAZA ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 30 AM 8:01

Principal Place of Business

Mailing Address

**194 NASSAU STREET
 PRINCETON NJ 08542**

**194 NASSAU STREET
 PRINCETON NJ 08542**

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SMOAK, WOODROW J.
 3299 SW 42ND AVE
 PALM CITY FL 34990**

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.

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	<input type="checkbox"/> Delete
OPT	SANDS, JEFFREY H	194 NASSAU STREET	PRINCETON NJ 08542	<input type="checkbox"/>
DV	JEFFER, HERMAN M	1600 ROUTE 206 NORTH	HAWTHORNE NJ 07506	<input type="checkbox"/>
DS	MAIETTA, GAREY N	194 NASSAU STREET	PRINCETON NJ 08542	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 SANDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
DARWIN Plaza Association, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
194 Nassau Street, Princeton, NJ 08542

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Princeton, New Jersey 08542

5b City, state, and ZIP code

6 County and state where principal business is located
St. Lucie, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions.)
Jeffrey H. Sands, President

8a Type of entity (Check only one box.) (see instructions.)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶ _____
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Florida NFP Corp. (enter GEN if applicable)	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other (specify) ▶ _____	

Personal service corp.
 National Guard
 Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida	Foreign country _____
-------------------------	--------------------------

9 Reason for applying (Check only one box.) (see instructions.)

Started new business (specify type) ▶ **condo assoc.**

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business

Created a trust (specify type) ▶ _____

Other (specify) ▶ _____

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
April 6, 2000

11 Closing month of accounting year (see instructions.)
December 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions.) ▶

Nonagricultural 0	Agricultural 0	Household 0
-----------------------------	--------------------------	-----------------------

14 Principal activity (see instructions.) ▶ **condo assoc.**

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used: ▶ _____

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ▶ _____ Business (wholesale)

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ _____ Trade name ▶ _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and State where filed Previous EIN

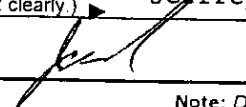
April 6, 2000 Tallahassee, Florida

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Jeffrey H. Sands, President**

Business telephone number (include area code) _____

Fax telephone number (include area code) _____

Signature ▶  Date ▶ **December 20, 2002**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo	Ind.	Class	Size	Reason for applying
----------------------	-----	------	-------	------	---------------------