

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90051 019 \*\*\*\*61.25

**DOCUMENT # NO1000007924**

1. Entity Name

JENSEN BEACH N.A.C., INC.



Principal Place of Business

C/O JENSEN BEACH CIVIC CENTER  
1920 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

Mailing Address

C/O JENSEN BEACH CIVIC CENTER  
1920 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

33033631



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

State

City & State

4. FEI Number

65-0838053

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

ANGELO, KEN  
1920 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME WACHA, FRANK JR  
STREET ADDRESS 3350 INDIAN RIVER DR  
CITY-STATE-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE VD  
NAME DE ANGELIS, KEN  
STREET ADDRESS 1920 NE JENSEN BEACH BLVD  
CITY-STATE-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE STD  
NAME CIAMOTTO, HENRY  
STREET ADDRESS 3595 NE INDIAN RIVER DR  
CITY-STATE-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-STATE-ZIP

TITLE ☐ Delete  
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

*Ken DeAngelis*  
Ken DeAngelis

4-18-03

772-334-892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)