

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90076 010 ****61.25

DOCUMENT # N02000006007

1. Entity Name

SUNSET TERRACE OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3593 ELIZABETH ST
LAKE WORTH FL 33461**

Mailing Address

**3593 ELIZABETH ST
LAKE WORTH FL 33461**

2. Principal Place of Business

3. Mailing Address

1302 New World Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

City & State

City & State

Lantana, FL

Zip

Country

Zip

Country

33462

USA

4. FEI Number

65-0279632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCGAVIN, PAUL P
3593 ELIZABETH ST
LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

Name

Darcy Staigle

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

1302 New World Ave., #2

City

Lantana,

FL

Zip Code
33462

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

Darcy Staigle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/03

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 NAME STREET ADDRESS CITY-ST-ZIP	D MCGAVIN, PAUL P 3593 ELIZABETH ST LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLBY, MICHAEL 1861 FINN HILL DR LANTANA FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERT 516 S 13 PL LANATANA FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFARDO, JOSE 4049 FERN ST LANTANA FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JOHN 13971 US HWY ONE JUNO BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer DARCY STAIGLE 1302 New World Ave #2 Lantana, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Darcy Staigle

3/10/03

561-585-3244

CR2E037 (10/02)