

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90056 002 \*\*\*\*61.25

**DOCUMENT # N09271**

1. Entity Name  
**SAILBOAT BEND CIVIC ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 1021  
FT. LAUDERDALE FL 33302-1021  
US

Mailing Address  
P.O. BOX 1021  
FT. LAUDERDALE FL 33302-1021  
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 **59-2704618**

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

**SWENSON, RANDALL**  
**1228 W LAS OLAS BLVD.**  
**FT LAUDERDALE FL 33312**

Name **RANDALL S. SWENSON**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Randall S Swenson* **SECRETARY**

**1-28-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete  
NAME **SWENSON, RANDALL**  
STREET ADDRESS **1228 W LAS OLAS BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

TITLE **V** ☐ Delete  
NAME **DARYL, JOLLY**  
STREET ADDRESS **312 SW 12TH AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

TITLE **D** ☒ Delete  
NAME **BRILL, KEITH**  
STREET ADDRESS **312 SEMINOLE AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☒ Change ☐ Addition  
NAME **Hughes, Mary**  
STREET ADDRESS **728 Bryan PL**  
CITY-ST-ZIP **Fort Lauderdale 33312**

TITLE **P** ☐ Delete  
NAME **KLEINEDLER, JOHN**  
STREET ADDRESS **1221 W LAS OLAS BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

TITLE **D** ☐ Delete  
NAME **NIELSEN, BILL**  
STREET ADDRESS **1540 ARGYLE DRIVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

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

TITLE **D** ☒ Delete  
NAME **BOGGESE, PAUL**  
STREET ADDRESS **1425 WAVERLY RD**  
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☒ Change ☐ Addition  
NAME **JOANN GABRUS**  
STREET ADDRESS **408 SW 9th**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

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:

*Randall S Swenson* **RANDALL S. SWENSON**

**1-28-03**

**454-258-4323**

CP2E037 (10/02)