

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-19-2002 90100 039 *****61.25

DOCUMENT # N14166

1. Entity Name

SANDALWOOD AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 BUTTWOOD LN
 BOYNTON BCH FL 33436
 US

100 BUTTWOOD LN
 BOYNTON BCH FL 33436
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2656064

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

GELFAND & ARPE, PA
 250 AUSTRALIAN AVE. S., SUITE 1010
 W. PALM BEACH FL 33401

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 DS ☐ Delete
 NAME CORREA, CLARA L
 STREET ADDRESS 109 BUTTWOOD LANE
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE Secretary ☐ Change ☐ Addition
 NAME Clara Correa D.
 STREET ADDRESS 109 Buttwood Ln.
 CITY-ST-ZIP Boynton Beach, FL 33436

TITLE DAT ☐ Delete
 NAME MIRISOLA, WILLIAM
 STREET ADDRESS 314 LIVEOAK
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE Asst. Vice President ☐ Change ☐ Addition
 NAME Bill Mirisola D.
 STREET ADDRESS 314 Live Oak Ln.
 CITY-ST-ZIP Boynton Beach, FL 33436

TITLE VPD ☐ Delete
 NAME METLER, MARILYN
 STREET ADDRESS 431 LIE OAK LANE
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE Vice President ☐ Change ☐ Addition
 NAME Marilyn metler D.
 STREET ADDRESS 431 Live Oak Lane
 CITY-ST-ZIP Boynton Beach, FL 33436

TITLE TD ☐ Delete
 NAME LOMBARDI, ANTHONY
 STREET ADDRESS 512 BUTTWOOD LN
 CITY-ST-ZIP BOYNTON BCH FL 33436

TITLE Treasurer ☐ Change ☐ Addition
 NAME Anthony Lombardi D.
 STREET ADDRESS 512 Buttwood Ln.
 CITY-ST-ZIP Boynton Beach, FL 33436

TITLE PD ☐ Delete
 NAME SHEA, DANIEL E
 STREET ADDRESS 115 BUTTWOOD LANE
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE President ☐ Change ☐ Addition
 NAME Daniel Shea D.
 STREET ADDRESS 115 Buttwood Ln.
 CITY-ST-ZIP Boynton Beach, FL 33436

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 #

CR2E037 (9/01)