

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90175 043 ****61.25

DOCUMENT # N14166

1. Entity Name

SANDALWOOD AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**100 BUTTONWOOD LN
BOYNTON BCH FL 33436
US**

Mailing Address

**100 BUTTONWOOD LN
BOYNTON BCH FL 33436
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 **59-2656064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

70014058



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: *Gulfstream Services Management Co Scott Straleno*
Street Address (P.O. Box Number is Not Acceptable): *700 South Federal Hwy Suite 417*
City: *Boynton Beach* FL Zip Code: *33425*

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: *Scott Straleno Scott Straleno Manager*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/06/03

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: **SD** ☐ Delete
NAME: **CORREA, CLARA L**
STREET ADDRESS: **109 BUTTONWOOD LANE**
CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

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

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

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

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

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

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

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

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

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

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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: *[Signature]*

Jan 23, 2003

CR2E037 (10/02)