

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90090 030 \*\*\*\*61.25

**DOCUMENT # N23127**

1. Entity Name

**SANDHAMN OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5362 SANDHAMN PL  
 LONGBOAT KEY FL 34228  
 US

5402 SANDHAMN PLACE  
 SARASOTA FL 34228  
 US

2. Principal Place of Business

3. Mailing Address

**5342 SANDHAMN PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LONGBOAT KEY, FL.**

4. FEI Number

**65-0239018**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34228**

**FLORIDA**

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

**KLINGER, RONALD**  
**5402 SANDHAMN PLACE**  
**LONGBOAT KEY FL 34228**

Name **BARBARA E. PAPPAS**

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

**5342 SANDHAMN PLACE**

City **LONGBOAT KEY** FL Zip Code **34228**

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 *Barbara E. Pappas* **BARBARA E. PAPPAS, TREASURER** **2-15-02**  
(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          | PD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | PETTINATO, JIM        |  |
| STREET ADDRESS | 5362 SANDHAMN PLACE   |  |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228 |  |
| TITLE          | TD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | KLINGER, RONALD       |  |
| STREET ADDRESS | 5402 SANDHAMN PLACE   |  |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228 |  |
| TITLE          | VD                    | <input type="checkbox"/> Delete            |
| NAME           | PERLMAN, RICHARD      |  |
| STREET ADDRESS | 5412 SANDHAMN PLACE   |  |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228 |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

|                |                         |   |
|----------------|-------------------------|---|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | PERLMAN, RICHARD        |   |
| STREET ADDRESS | 5412 SANDHAMN PLACE     |   |
| CITY-ST-ZIP    | LONGBOAT KEY, FL. 34228 |   |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BARBARA E. PAPPAS       |   |
| STREET ADDRESS | 5342 SANDHAMN PLACE     |   |
| CITY-ST-ZIP    | LONGBOAT KEY, FL. 34228 |   |
| TITLE          | VD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | ROSEMARY BEKTELSSEN     |   |
| STREET ADDRESS | 5382 SANDHAMN PLACE     |   |
| CITY-ST-ZIP    | LONGBOAT KEY, FL. 34228 |   |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                         |   |
| STREET ADDRESS |                         |   |
| CITY-ST-ZIP    |                         |   |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Barbara E. Pappas* **BARBARA E. PAPPAS, TREASURER** **2-15-02** **387-9708**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)