

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90045 049 \*\*\*\*61.25

**DOCUMENT # N32427**

1. Entity Name

**THE SAND CRANE VILLAGE PROPERTY OWNERS ASSOCIATI**

Principal Place of Business

Mailing Address

C/O PEG DEGENNARO  
P.O. BOX 7333  
PORT ST LUCIE FL 34985  
US

C/O PEG DEGENNARO  
P.O. BOX 7333  
PORT ST LUCIE FL 34985-7333  
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

**65-0313835**

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

**DEGENNARO, PEG**  
**1591 SE COLLETTE CIRCLE**  
**PORT ST LUCIE FL 34952**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEGENNARO, PEG</b> <b>1591 SE COLLETTE CIR</b> <b>PORT ST LUCIE FL 34952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVARD, ROBERT</b> <b>2241 RAINIER RD.</b> <b>PORT ST LUCIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'LEARY, AUDREY</b> <b>1431 ESCAMBIA CT</b> <b>PORT ST LUCIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROWN, ESTELLE</b> <b>1585 S BALCOURT CT</b> <b>PORT ST LUCIE FL 34952</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STEPHENS, PHYLLIS</b> <b>2432 MEADOWOOD CT</b> <b>PORT ST LUCIE FL 34952</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMITH, MARY</b> <b>1525 S BALCOURT CT</b> <b>PORT ST LUCIE FL 34952</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RICHARD DURAND</b> <b>1576 SE COLLETTE CIR</b> <b>PORT ST LUCIE FL 34952</b>	<input checked="" 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	<b>T</b> <b>PEG DEGENNARO</b> <b>1591 SE COLLETTE CIR</b> <b>PORT ST LUCIE FL 34952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>MARY SMITH</b> <b>1525 SE S BALCOURT CT</b> <b>PORT ST LUCIE FL 34952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CATHERINE BAKER</b> <b>1622 SE COLLETTE CT</b> <b>PORT ST LUCIE FL 34952</b>	<input checked="" 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:

**PEG DEGENNARO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/14/00** **561 335 3645**