

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47637

1. Entity Name

THE SOUTH BEACH PROPERTY OWNERS ASSOCIATION, INC

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90045 038 ****61.25

Principal Place of Business 756 BEACHLAND BOULEVARD VERO BEACH FL 32963	Mailing Address 756 BEACHLAND BOULEVARD VERO BEACH FL 32963-1745
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0326576	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GRANDAGE, HERBERT 1007 SPYGLASS LANE VERO BEACH FL 32963	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANDAGE, HERB 1007 SPYGLASS LANE VERO BEACH FL 32963 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DODDS, JAMES 2135 S. S. Porpoise (Point) Lane Vero Beach, FL 32963 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURNS, JOHN J 1811 E SANDPOINTE LANE VERO BEACH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGG, TJAMESRY 2145 W. Beachside Lane Vero Beach, FL 32963 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPITSMILLER, FRITZ 1765 SEAGROVE DRIVE VERO BEACH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPITSMILLER, FRITZ 1765 Seagrove Drive Vero Beach, FL 32963 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WORKUM, DAVID 178 OCEAN SPRAY COURT VERO BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: *X David Workum* **DAVID WORKUM** 3/21/00 (561) 231-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)