

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001297

1. Entity Name

SANTA BARBARA AT GRAND PALMS ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90056 047 ****61.25

Principal Place of Business

Mailing Address

P O BOX 822005
SOUTH FLORIDA FL 33082
US

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487-3506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0479690

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

COMMUNITY ASSOCIATION SERVICES, INC.
951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | GARCIA, JUAN | |
| STREET ADDRESS | 1111 SW 156TH AVE. | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MESSANA, THOMAS | |
| STREET ADDRESS | 15631 SW 12TH STREET | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | FLOWER, SANDRA | |
| STREET ADDRESS | 1052 SW 156TH AVE | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | O'DONNELL, FRANK | |
| STREET ADDRESS | 1100 SW 156TH AVE. | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIRECTOR ENTIN, ALVIN | |
| STREET ADDRESS | 15621 SW 12 ST | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VICE-PRESIDENT MESSANA, SUSAN | |
| STREET ADDRESS | 15631 SW 12 ST | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESIDENT FLOWER, SANDRA | |
| STREET ADDRESS | 1052 SW 156 AVE | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRANSURER ODONNELL, FRANK | |
| STREET ADDRESS | 1100 SW 156 AVE | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SECRETARY NASH, MARK | |
| STREET ADDRESS | 1102 SW 156 Terr | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| 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)(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 OF SANDRA FLOWER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-00

954-443-4468

CR2E037 (9/99)