

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001297

1. Entity Name

SANTA BARBARA AT GRAND PALMS ASSOCIATION, INC.

Principal Place of Business

P O BOX 822005
SOUTH FLORIDA FL 33082
US

Mailing Address

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487

2. Principal Place of Business

C/O

3. Mailing Address

Suite, Apt. #, etc.

Community Association Svcs., Inc.

Ste. 250
951 Broken Sound Pky. NW
Boca Raton, FL 33487-3531

City & State

Zip

Country

4. FEI Number

65-0479690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE D
NAME GARCIA, JUAN ☒ Delete
STREET ADDRESS 1111 SW 156TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE PD
NAME MESSANA, THOMAS ☐ Delete
STREET ADDRESS 15631 SW 12TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

TITLE SD
NAME FLOWER, SANDRA ☒ Delete
STREET ADDRESS 1052 SW 156TH AVE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VD
NAME O'DONNELL, FRANK ☒ Delete
STREET ADDRESS 1100 SW 156TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Change ☒ Addition
NAME Nash, MARK
STREET ADDRESS 1102 SW 12th Street
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE ☒ Change ☐ Addition
NAME MESSANA, SUSAN
STREET ADDRESS 15631 SW 12th ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE TD ☒ Change ☒ Addition
NAME Bieler, DIANNE
STREET ADDRESS 1092 SW 156th Terrace
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE SD ☐ Change ☐ Addition
NAME Weinstein, Mitch
STREET ADDRESS 1083 SW 156th Terrace
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE ☐ Change ☒ Addition
NAME Bowling, Robert
STREET ADDRESS 1021 SW 156th Avenue
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90004 037 ****61.25



DO NOT WRITE IN THIS SPACE

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