

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005721

1. Entity Name

SOUTHBEND RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 7506  
PORT ST. LUCIE FL 34985-7506

POST OFFICE BOX 7506  
PORT ST. LUCIE FL 34985-7506

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

65-0784154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FASULA, GREGORY G  
1680 SW BAYSHORE BLVD  
STE 107  
PORT SAINT LUCIE FL 34984

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME ROBLES, HARRY  
STREET ADDRESS 602 SE DALEY CT  
CITY-ST-ZIP PORT ST. LUCIE FL 34984 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME RETTIG, RALPH  
STREET ADDRESS 2728 SE EAGLE DR  
CITY-ST-ZIP PORT ST. LUCIE FL 34984 ☒ Delete

TITLE PD  
NAME SANDERS, JAMES  
STREET ADDRESS 203 SE SIMS CIR.  
CITY-ST-ZIP PORT ST. LUCIE FL 34984 ☒ Change ☐ Addition

TITLE D  
NAME GENCSY, RAE  
STREET ADDRESS 2825 SE PERU ST.  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SANDLAS, JIM  
STREET ADDRESS 203 SE SIMMS CT  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984 ☒ Delete

TITLE D.  
NAME RAY, DENNIS  
STREET ADDRESS 606 S.E. STOW TERRACE  
CITY-ST-ZIP PORT ST. LUCIE FL 34984 ☐ Change ☒ Addition

TITLE D  
NAME ELKINS, JILLIAN  
STREET ADDRESS 2899 SE PACE DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MACK, JEFF  
STREET ADDRESS 3316 E SNOW RD  
CITY-ST-ZIP PORT ST. LUCIE FL 34984 ☒ Delete

TITLE D  
NAME HANNI JOHN  
STREET ADDRESS 3246 SE, WEST SNOW RD  
CITY-ST-ZIP PORT ST LUCIE FL 34984 ☐ 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 627, 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 #

0081004

CR2E037 (9/01)

JAMES B SANDERS SR.

02-28-02 561.344.3477

934251

Attachment

D

#197000005721

ADDITION

SHEMASH. MIKE

2825 S.E. NANCE ST.

PORT ST LUCIE FL 34984

D

ARZICH. MARY ELLEN

ADDITION

3545 S.E. HYDE CIR.

PORT ST LUCIE FL. 34984