

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90076 018 ****61.25

DOCUMENT # N97000006343



1. Entity Name
SAWGRASS AT THE STRAND HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 110602
NAPLES FL 34110
US

Mailing Address

P.O. BOX 110602
NAPLES FL 34110
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 **59-3624367**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, ARTHUR EA
10001 TAMIAMI TR N
NAPLES FL 34108

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ROYAL, RICHARD	
STREET ADDRESS	5819 PERSIMMON WAY N	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RUBIN, ARTHUR	
STREET ADDRESS	10001-TAMIAMI-TR N	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MENCHELLA, TONY	
STREET ADDRESS	5827 PERSIMMON WAY	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY DE FEO	
STREET ADDRESS	5799 PERSIMMON WAY	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL MYERSON	
STREET ADDRESS	5843 PERSIMMON WAY	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR RUBIN	
STREET ADDRESS	10001 TAMIAMI TR N	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED**

3/22/03 239 593 3/84

CR2E037 (10/02)