

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90163 045 ****61.25

DOCUMENT # 725625

1. Corporation Name

HUTCHINSON HOUSE CONDOMINIUM, INC.

Principal Place of Business

1550 NE OCEAN BLVD.
STUART FL 34996
US

Mailing Address

1550 NE OCEAN BLVD.
G-101
STUART FL 34996
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/22/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1575104

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAZMIER, TIMOTHY
662 NE OCEAN BLVD
STUART FL 34996

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME MILLER, KEN
STREET ADDRESS 1555 NE OCEAN BLVD, N401
CITY-ST-ZIP STUART FL

1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME STOCKMAN, BILL
1.3 STREET ADDRESS 1550 NE OCEAN BLVD
1.4 CITY-ST-ZIP STUART, FLORIDA 34996

TITLE PD ☐ DELETE
NAME BAXTER, BOB
STREET ADDRESS 1550 NE OCEAN BLVD, F104
CITY-ST-ZIP STUART FL

2.1 TITLE VP D ☐ Change ☒ Addition
2.2 NAME BRANTLEY, LARRY
2.3 STREET ADDRESS 1550 NE OCEAN BLVD
2.4 CITY-ST-ZIP STUART FLORIDA 34996

TITLE SD ☒ DELETE
NAME PRICE, RICHARD
STREET ADDRESS 1550 NE OCEAN BLVD, A-205
CITY-ST-ZIP STUART FL 34996

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME HUDGEN, GLORIA
3.3 STREET ADDRESS 1550 NE OCEAN BLVD
3.4 CITY-ST-ZIP STUART FLORIDA 34996

TITLE VD ☒ DELETE
NAME SHERRARD, JIM
STREET ADDRESS 1550 NE OCEAN BLVD, A101
CITY-ST-ZIP STUART FL

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME PRANZ, SAM
4.3 STREET ADDRESS 1530 NE OCEAN BLVD.
4.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME FOWLER, GENE
STREET ADDRESS 1550 NE OCEAN BLVD, A305
CITY-ST-ZIP STUART FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME FLICK, LOU ANN
5.3 STREET ADDRESS 1550 NE OCEAN BLVD
5.4 CITY-ST-ZIP STUART, FLORIDA 34996

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME TOWER, JERRY
6.3 STREET ADDRESS 1530 NE OCEAN BLVD
6.4 CITY-ST-ZIP STUART FLORIDA 34996

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0075634