

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90127 040 ****61.25

DOCUMENT # 725625

1. Entity Name

HUTCHINSON HOUSE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1550 NE OCEAN BLVD.
 STUART FL 34996
 US

1550 NE OCEAN BLVD.
 G-101
 STUART FL 34996-1570
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1575104

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 -

~~KAZMIER, TIMOTHY
 882 NE OCEAN BLVD
 STUART, FL 34996~~

Name **JANE L. CORNETT**

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

**401 E. OSCEOLA STREET
 FIRST FLOOR**

City **STUART**

FL

Zip Code **34994**

8. The above named entry 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

4-24-00

**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	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, KEN	
STREET ADDRESS	1555 NE OCEAN BLVD, N401	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAXTER, BOB	
STREET ADDRESS	1550 NE OCEAN BLVD, F104	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANZ, SAM	
STREET ADDRESS	1550 NE OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	WUGGEN, GLORIA	
STREET ADDRESS	1550 NE OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRANTLEY, LARRY	
STREET ADDRESS	1550 NE OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STOCKMAN, BILL	
STREET ADDRESS	1550 NW OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLICK, LUANN	
STREET ADDRESS	1555 NE OCEAN BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EIKENBERRY, JOHN	
STREET ADDRESS	1555 NE OCEAN BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURTNEY, ROBERT	
STREET ADDRESS	1550 NE OCEAN BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDGENS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONER, JERRY	
STREET ADDRESS	1550 NE OCEAN BLVD	
CITY-ST-ZIP	STUART, FL 34996	
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:

William S. Stockman
 WILLIAM S. STOCKMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 561-225-0303

CR2E037 (9/99)