

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State
 02-27-2001 90361 026 ****61.25

DOCUMENT # 725625

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1575104**

☒ Applied For
☐ Not Applicable

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

CORNETT, JANE L
401 E OSCEOLA STREET, FIRST FLOOR
STUART FL 34994

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** ☐ Delete
 NAME **FLICK, LUANN**
 STREET ADDRESS **1555 NE OCEAN BLVD**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **VP D** ☐ Change ☒ Addition
 NAME **JOHN EIKENBERLY**
 STREET ADDRESS **1555 NE OCEAN BLVD**
 CITY-ST-ZIP **STUART, FLA 34996**

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

TITLE **ID** ☐ Change ☒ Addition
 NAME **OLIVER BESSETTE**
 STREET ADDRESS **1550 NE OCEAN BLVD**
 CITY-ST-ZIP **STUART, FLA 34996**

TITLE **SD** ☐ Delete
 NAME **FRANZ, SAM**
 STREET ADDRESS **1550 NE OCEAN BLVD**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Change ☒ Addition
 NAME **SHARON DACTON**
 STREET ADDRESS **1555 NE OCEAN BLVD**
 CITY-ST-ZIP **STUART, FLA 34996**

TITLE **D** ☒ Delete
 NAME **HUDGENS, GLORIA**
 STREET ADDRESS **1550 NE OCEAN BLVD**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Change ☒ Addition
 NAME **COOPER LANSING**
 STREET ADDRESS **1550 NE OCEAN BLVD**
 CITY-ST-ZIP **STUART, FLA 34996**

TITLE **VP D** ☒ Delete
 NAME **BRANTLEY, LARRY**
 STREET ADDRESS **1550 NE OCEAN BLVD**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **VP D** ☐ Change ☒ Addition
 NAME **GERALD TONER**
 STREET ADDRESS **1550 NE OCEAN BLVD**
 CITY-ST-ZIP **STUART, FLA 34996**

TITLE **TD** ☐ Delete
 NAME **STOCKMAN, BILL**
 STREET ADDRESS **1550 NW OCEAN BLVD**
 CITY-ST-ZIP **STUART FL 34996**

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 #

CR2E037 (10/00)