

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

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 032 ****61.25

DOCUMENT # 725625

1. Entity Name
Hutchinson House Condominium, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1550 NE Ocean Blvd.</u>		3. Mailing Address <u>1550 NE Ocean Blvd.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>G-101</u>	
City & State <u>Stuart, FL</u>		City & State <u>Stuart, FL</u>	
Zip <u>34996</u>	Country <u>US</u>	Zip <u>34996</u>	Country <u>US</u>

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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>59-1575104</u>		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>Jane L. Cornett</u> Street Address (P.O. Box Number is Not Acceptable) <u>401 E. Osceola St. First Floor</u> City <u>Stuart</u> FL Zip Code <u>34994</u>		

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 _____

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>Bill LaVorgna</u> <u>1545 NE Ocean Blvd. S203</u> <u>Stuart, FL 34996</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Tom Parrish</u> <u>1550 NE Ocean Blvd. B201</u> <u>Stuart, FL 34996</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Oliver Bessette</u> <u>1550 NE Ocean Blvd. A207</u> <u>Stuart, FL 34996</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Oscar Fleckner</u> <u>1550 NE Ocean Blvd. F205</u> <u>Stuart, FL 34996</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>Bob Baxter</u> <u>1550 NE Ocean Blvd. F104</u> <u>Stuart, FL 34996</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>Gerald Toner</u> <u>1550 NE Ocean Blvd. C202</u> <u>Stuart, FL 34996</u>

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald E. Toner 5/12/03 772-225-1247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

Attachment

90134118

725625

Officers and Directors:

Title: SD
Name: Sam Franz
Street Address: 1550 NE Ocean Blvd. A201
City-St-Zip: Stuart, FL 34996

Title: TD
Name: Bill Stockman
Street Address: 1550 NE Ocean Blvd. F303
City-St-Zip: Stuart, FL 34996