

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91167 005 ****61.25

DOCUMENT # 728317

1. Entity Name

SECTION 33 PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**SECTION 33
 JUPITER FL
 US**

**13333 182ND COURT N
 JUPITER FL 33478
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0132422

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

**MESCHES, LARRY M
 222 LAKEVIEW AVENUE, SUITE 260
 WEST PALM BEACH FL 33401**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SHEA, SIOBHAN HELEN	
STREET ADDRESS	18682 137TH TRAIL NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, TIMOTHY	
STREET ADDRESS	18255 134TH WAY	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHARPE, LESLIE	
STREET ADDRESS	18585 137TH TRAIL N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEW, CRAIG	
STREET ADDRESS	18761 138TH WAY NORTH	
CITY-ST-ZIP	JUPITER FL 33478-3602	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANBOROUGH, WADE	
STREET ADDRESS	18049 134TH WAY NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCNEY, ELIZABETH	
STREET ADDRESS	18170 137TH TRAIL N	
CITY-ST-ZIP	JUPITER FL 33478	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sullivan, Pam	
STREET ADDRESS	18675 134th Way North	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maciog, Paul	
STREET ADDRESS	18868 137th Trail North	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Copeland, Louis	
STREET ADDRESS	18680 134th Way North	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wade Stanborough	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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:

Wade Stanborough (P)

4/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)