

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764475 (0)

1. Corporation Name

THE VILLAGE OF STUART ASSOCIATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 3385
STUART FL 34995POST OFFICE BOX 3385
STUART FL 34995-33853. Date Incorporated or Qualified
08/09/19823a. Date of Last Report
04/10/1996

4. FEI Number

59-2235872

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTIGE PROPERTY MGMT. OF MARTIN COUNTY
3125 S.W. MAPP ROAD
PALM CITY FL 34990

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD		1.2 NAME	DAVIS, RICHARD	
STREET ADDRESS	3224 SE ASTER LANE, #0-117		1.3 STREET ADDRESS	3224 SE ASTER LN #0-117	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	STUART FL 34994	
TITLE	DST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISSON, ALICE		2.2 NAME	JOHO, DELORES	
STREET ADDRESS	3308 S.E. ASTER LANE, A-109		2.3 STREET ADDRESS	3308 SE ASTER LN #M-125	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	STUART FL 34994	
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHO, DOLORES		3.2 NAME	BAKER, MARY ANN	
STREET ADDRESS	3236 S.E. ASTER LANE, M-125		3.3 STREET ADDRESS	3218 SE ASTER LN #P-113	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JAMES		4.2 NAME	SMITHEM, ROBERT	
STREET ADDRESS	3272 S.E. ASTER LANE, G-149		4.3 STREET ADDRESS	3302 SE ASTER LN #B-165	
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	MATHEWS, STANLEY	
STREET ADDRESS			5.3 STREET ADDRESS	3212 SE ASTER LN #Q-110	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *DeLores Joho* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072062

CR2E037 (9/96)