

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 764475**

1. Entity Name

**THE VILLAGE OF STUART ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 2757  
STUART FL 34995  
US

Mailing Address

P.O. BOX 2757  
STUART FL 34995  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-2235872

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURSON, ROBERT A.P.A.  
310 WEST FIRST STREET  
STUART FL 34994

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME HOBART, THOMAS  
STREET ADDRESS 3230 SE ASTER LANE #N222  
CITY-ST-ZIP STUART FL 34994TITLE SD ☐ Delete  
NAME AHLES, WALTER  
STREET ADDRESS 402 SW ST LUCIE STREET  
CITY-ST-ZIP STUART FL 34997TITLE TD ☒ Delete  
NAME RUKA, MARGARET  
STREET ADDRESS 3218 SE ASTER LANE #P114  
CITY-ST-ZIP STUART FL 34994TITLE D ☒ Delete  
NAME PLACEY, LALA  
STREET ADDRESS 75 BURBANK DRIVE  
CITY-ST-ZIP SNYDER NY 14424TITLE D ☐ Delete  
NAME YOUNG, RICHARD  
STREET ADDRESS 3254 SE ASTER LANE J138  
CITY-ST-ZIP STUART FL 34994TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TD ☐ Change ☒ Addition  
NAME Masterson, Robert  
STREET ADDRESS 3236 SE Aster Lane #M228  
CITY-ST-ZIP Stuart, FL 34994TITLE D ☐ Change ☒ Addition  
NAME Joho, Dolores  
STREET ADDRESS 3236 SE Aster Lane #M125  
CITY-ST-ZIP Stuart, FL 34994TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

Thomas Hobart, President  
SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90041 008 \*\*\*\*61.25

B0022093



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)