

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764475

FILED
Jan 13, 2006
Secretary of State

Entity Name: THE VILLAGE OF STUART ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2757
STUART, FL 34995 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2757
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-2235872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, JACQULYNE
Address: 3206 SE ASTER LANE R107
City-St-Zip: STUART, FL 34994

Title: VP () Delete
Name: MATTEWS, ALLEN
Address: 3260 SE ASTER LANE I243
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: BUNCY, PAULA
Address: 3212 SE ASTERLANE Q212
City-St-Zip: STUART, FL 34994

Title: T () Delete
Name: STRANG, DUANNE
Address: 3206 SE ASTER LANE R207
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: LINDQUIST, JUDITH
Address: 3212 E ASTERLANE Q112
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DUANE, STRANG
Address: 3206 SE ASTER LANE R207
City-St-Zip: STUART, FL 34994

Title: S (X) Change () Addition
Name: MCLOUGHLIN, PATRICIA
Address: 3302 SE ASTER LANE B265
City-St-Zip: STUART, FL 34994

Title: T (X) Change () Addition
Name: WADE, HOWARD
Address: 3266 SE ASTER LANE H148
City-St-Zip: STUART, FL 34994

Title: D (X) Change () Addition
Name: BAKER, MARY ANN
Address: 3218 SE ASTER LANE P113
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQULYNE MARTIN

P

01/13/2006

Electronic Signature of Signing Officer or Director

Date