## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 764475** 

FILED Apr 03, 2008 Secretary of State

Entity Name: THE VILLAGE OF STUART ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3200 - 3308 S.E. ASTER LANE STUART, FL 34994

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 2757

STUART, FL 34995 US

FEI Number: 59-2235872 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONAN, ELIZABETH P.A 759 SW FEDERAL HIGHWAY STUART, FL 34994

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition () Delete MARTIN, JACQULYNE HUNTER, KATHLEEN Name: Name: 3206 SE ASTER LANE R107 Address: 3242 SE ASTER LANE L129 Address: City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

Title: () Delete Title: (X) Change ( ) Addition

DUANE, STRANG Name: DUANE, STRANG Name:

Address: 3206 SE ASTER LANE R207 Address: 3206 SE ASTER LANE R207

City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

Title: () Delete Title: () Change () Addition

MCLOUGHLIN, PATRICIA Name: Name: 3302 SE ASTER LANE B265 Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition Name: HUNTER, KATHLEEN Name: LIDDLE, CAROL 3308 SE ASTER LANE A-270 Address: 3242 SE ASTER LANE L129 Address:

City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994 Title: () Delete Title: (X) Change ( ) Addition

PLACEY, LALA HUTCHINSON, ROBERTA Name: Name:

3218 SE ASTER LANE P216 1672 S.W. SHADY LAKE TERRACE Address: Address:

STUART, FL 34994 City-St-Zip: City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN HUNTER PD 04/03/2008