

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-18-2002 90008 019 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000005934**

1. Entity Name

**1801-1815 S. KANNER HIGHWAY PROPERTY OWNERS ASSO  
CIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 2654  
STUART FL 34995

PO BOX 2654  
STUART FL 34995

*Note  
Address*

2. Principal Place of Business

3. Mailing Address

**PO BOX 1225**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

City & State

**STUART FL**

**APPLIED FOR**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**34995**  
**MARIN**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DUNGEY, RICHARD J**  
**1100 S FEDERAL HWY**  
**STUART FL 34994**

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**

8. 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  Delete  
NAME **DP**  
STREET ADDRESS **KRAUSKOPF, JEFF**  
CITY-ST-ZIP **PO BOX 1225  
STUART FL 34995**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **DVTS**  
STREET ADDRESS **PARKS, RALPH H**  
CITY-ST-ZIP **PO BOX 2654  
STUART FL 34995**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
STREET ADDRESS **DUNGEY, RICHARD J**  
CITY-ST-ZIP **1100 S FEDERAL HIGHWAY  
STUART FL 34994**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  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)(f), 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:

*SIGNATURE OF JEFF KRAUSKOPF*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-02 561 219 3804**

Date

Daytime Phone #

CFR2037 (9/01)