


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91231 019 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # N01000004612**  
 1. Entity Name  
**THE SUNBELT CENTER PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**900 S. FEDERAL HIGHWAY SUITE 321 STUART, FL 34994**

Mailing Address  
**900 S. FEDERAL HIGHWAY SUITE 321 STUART, FL 34994**



03232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0609433**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STETSON, J. MICHAEL  
 900 S. FEDERAL HIGHWAY SUITE 321 STUART, FL 34994**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STETSON, J. MICHAEL 900 S. FEDERAL HIGHWAY SUITE 321 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HART, H. RODES 900 S. FEDERAL HIGHWAY SUITE 321 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEHBUT, F.I. JR. 900 S. FEDERAL HIGHWAY SUITE 321 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: H. Rodes Hart H. Rodes Hart 4-30-04 615 259 4222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #