

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010716

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** FT. PIERCE BUSINESS PARK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

656 BUCK HENDRY WAY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

656 BUCK HENDRY WAY  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-0203792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SATUR, DAVID  
656 BUCK HENDRY WAY  
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: DV ( ) Delete  
Name: HOOKS, JOE  
Address: 4190 SELVITZ RD  
City-St-Zip: FORT PIERCE, FL 34981

Title: DPT ( ) Delete  
Name: SATUR, DAVID  
Address: 656 BUCK HENDRY WAY  
City-St-Zip: STUART, FL 34994

Title: DS ( ) Delete  
Name: DALE, LARRY  
Address: PO BOX 910  
City-St-Zip: FORT PIERCE, FL 34954

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: DAVID SATUR

DPT

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date