

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90011 039 ****61.25

DOCUMENT # N36844

1. Entity Name

DANFORTH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~10 CENTRAL PARKWAY
 SUITE 150
 STUART FL 34994~~

~~10 CENTRAL PARKWAY
 SUITE 150
 STUART FL 34994~~

2. Principal Place of Business

3. Mailing Address

1151 SW 30th Street

1151 SW 30th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

Suite D

City & State

City & State

Palm City, FL

Palm City, FL

Zip

Country

Zip

Country

34910 USA

34910 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3006746

Applied For

Not Applicable

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

**CORNETT, JANE L
 401 EAST OSCEOLA STREET, FIRST FLOOR
 STUART FL 34994**

Name

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

City

FL

Zip Code

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)

2-8-01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. 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: PD
 NAME: UPHAM, GREGORY C SR
 STREET ADDRESS: 4283 SW OAKHAVEN LANE
 CITY-ST-ZIP: PALM CITY FL 34990 Delete

TITLE: Change Addition
 NAME: Change Addition

TITLE: DV
 NAME: ~~SCHUMAN, RONN~~
 STREET ADDRESS: ~~2271 SW WATERVIEW PLACE~~
 CITY-ST-ZIP: ~~PALM CITY FL 34990~~ Delete

TITLE: Change Addition
 NAME: ALAN Forst
 STREET ADDRESS: 3553 SW Thistledown Lane
 CITY-ST-ZIP: Palm City, FL 34990

TITLE: STD
 NAME: ADAMS, GENE
 STREET ADDRESS: 1897 SW WINDCROSS RUN
 CITY-ST-ZIP: PALM CITY FL 34990 Delete

TITLE: Change Addition
 NAME: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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: **SIGNATURE REQUIRED**

2-8-01 561 219-8270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)