

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90491 001 \*\*\*\*61.25

**DOCUMENT # N42841**

1. Entity Name

**MARTIN COMMONS PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O CORNETT, GEOGE ROSS & EARLE  
 401 E. OSCEOLA ST  
 STUART FL 34994

C/O CORNETT, GEOGE ROSS & EARLE  
 401 E. OSCEOLA ST  
 STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0336377**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROSS, DEBORAH L ESQ**  
**CORNETT GOUGE ROSS & EARLE PA**  
**401 EAST OSCEOLA ST**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KAREN, LESLIE</b> <input checked="" type="checkbox"/> Delete <b>5605 SW HONEY TER</b> <b>PALM CITY FL 34990</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GEOFFREY TUCKER</b> <b>4150 SW SUN DOWN LANE</b> <b>PALM CITY FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Delete <b>SCHNEIDER, HEATHER</b> <b>5004 SW MARTIN COMMONS WAY</b> <b>PALM CITY FL 34990</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARIA Ricaro</b> <b>5606 SW HONEY TER.</b> <b>PALM CITY FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> <input type="checkbox"/> Delete <b>BUSHMAN, CRAIG</b> <b>5659 SW MARTIN COMMONS WAY</b> <b>PALM CITY FL 34990</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> <b>Secretary SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Craig Bushman</b> <b>5654 SW MARTIN Commons way</b> <b>Palm City FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Treas</del> <b>Treas, TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael Dewey</b> <b>5003 SW MARTIN COMMONS way</b> <b>PALM CITY FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RITA GLASURE</b> <b>4100 SW SUNDOWN LANE</b> <b>Palm City FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: *Craig Bushman* **8/29/02** **772-221-1626**

CR2E037 (4/02)

Attachment  
Doc # N42841

870815

8/30/02

To: Division of Corporations  
From: Martin Commons Phase Two Property Owners' Assoc. Inc.  
Subject: 2002 UBR

Enclosed please find a revised 2002 UBR, Document # N42841. The necessary corrections have been made. Payment was sent on 3/27/02 for \$61.25. This check was cashed.

Regards,

*Craig Bushman*

Craig Bushman  
Secretary