

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 22, 2000 8:00 am
Secretary of State

04-26-2000 90081 050 ****61.25

DOCUMENT # N94000002958

1. Entity Name *

MICHAELS SQUARE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

712 MICHAELS CT
STUART FL 34996
US

Mailing Address

712 MICHAELS CT
STUART FL 34996-3636
US

2. Principal Place of Business

716 Michaels CT
Suite, Apt. #, etc.

3. Mailing Address

716 Michaels Ct
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

59-3298853

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

34996

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARWOOD, WALLACE S.
712 MICHAELS CT
STUART FL 34996

7. Name and Address of New Registered Agent

Name **Curt M. Poorman**
Street Address (P.O. Box Number is Not Acceptable)
716 Michaels Court

City **Stuart** FL Zip Code **34996**

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

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

TITLE **SD** ☒ Delete
NAME **BOWERS, JEFFERY A**
STREET ADDRESS **728 MICHAELS CT**
CITY-ST-ZIP **STUART FL**

TITLE **DVT** ☒ Delete
NAME **POORMAN, CURT**
STREET ADDRESS **716 MICHAELS CT**
CITY-ST-ZIP **STUART FL**

TITLE **PT** ☒ Delete
NAME **HARWOOD, BUDDY**
STREET ADDRESS **712 MICHAELS COVER**
CITY-ST-ZIP **STUART FL**

TITLE **TT** ☒ Delete
NAME **SHAW, STEPHEN**
STREET ADDRESS **733 MICHAELS CT**
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Curt M. Poorman SD**
STREET ADDRESS **716 Michaels CT.**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **V** ☒ Change ☐ Addition
NAME **Mark Cammarene DVT**
STREET ADDRESS **723 Michaels CT.**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **S/T TT** ☒ Change ☐ Addition
NAME **Stephen Shaw**
STREET ADDRESS **733 Michaels CT.**
CITY-ST-ZIP **STUART, FL. 34996**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

(561)

287-6571

Daytime Phone #

CR2E037 (9/99)