2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # **N94000002958** 1. Entity Name MICHAELS SQUARE HOMEOWNERS' ASSOCIATION, INC. 05-13-2002 90046 028 ****61.25 Principal Place of Business Mailing Address HE MICHAELS CT 718 MICHAELS CT STUART FL 34996 STUART FL 34996 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3298853 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent W.**5.** Harwood POORMAN, CURLIN Street Address (P.O. Box Number is Not Acceptable) 716 MICHAELS COURT 712 SE Michaels Court STUART FL 34996 Stuart, FL 34996 Zip Code FL The above named entity submits this etatement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Sundstrom SIGNATURE. 4/10/02 Harwood Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change M Addition **PSD** NAME POORMON, CURT-M O'Connor, Dennis STREET ADDRESS 716 MICHAELS CT STREET ADDRESS CITY-ST-ZIP stuart fl 34996 723 SE Michaels Court CITY-ST-ZIP Stuart, FL-34996 TITLE 🔀 Delete TITLE Addition Change NAME O'CONNOR, DENNIS DVT NAME STREET ADDRESS 723 MICHAELS CT STREET ADDRESS Shaw, Stephen CITY-ST-ZIP Stuart FL 34996 CITY-ST-ZIP <u>733 SE Michaels Court</u> TITLE Delete TITLE Stuart. FL 34996 Addition ☐ Change NAME SHAW, STEPHEN NAME STREET ADDRESS 733 MICHAELS CT STREET ADDRESS CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP STT Defete TITLE STT ☐ Change Addition SUNDSTROM, JUDITH NAME NAME Harwood, W. 🕱. "Buddy" STREET ADDRESS 724 MICHAELS CT STREET ADDRESS 712 SE Michaels Court CITY-ST-ZIP Stuart Fl 34996 CITY-ST-ZIP <u>Stuart. FL 34996</u> TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 empowe

SIGNATURE:

w **S**Charwood SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

4/10/02

(9/01)