2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764475

FILED Jaņ 15, 2<u>00</u>7 Secretary of State

Entity Name: THE VILLAGE OF STUART ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 2757 3200 - 3308 S.E. ASTER LANE STUART, FL 34995 STUART, FL 34994 US **Current Mailing Address: New Mailing Address:** P.O. BOX 2757 STUART, FL 34995 US FEI Number: 59-2235872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURSON, ROBERT A P.A. BONAN, ELIZABETH P.A. 310 WEST FIRST STREET 759 SW FEDERAL HIGHWAY STUART, FL 34994 STUART, FL 34994 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: ELIZABETH BONAN 01/15/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARTIN, JACQULYNE Name: Name: 3206 SE ASTER LANE R107 Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: () Delete Title: () Change () Addition DUANE, STRANG Name: Name: Address: 3206 SE ASTER LANE R207 Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: () Delete Title: () Change () Addition MCLOUGHLIN, PATRICIA Name: Name: 3302 SE ASTER LANE B265 Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WADE, HOWARD Name: HUNTER, KATHLEEN Address: 3266 SE ASTER LANE H148 Address: 3242 SE ASTER LANE L129 City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994 Title: () Delete Title: (X) Change () Addition BAKER, MARY ANN PLACEY, LALA Name: Name: 3218 SE ASTER LANE P113 3218 SE ASTER LANE P216 Address: Address: STUART, FL 34994 City-St-Zip: STUART, FL 34994 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE A. ELGRIM MGR 01/15/2007