

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764475

Entity Name: THE VILLAGE OF STUART ASSOCIATION, INC.**Current Principal Place of Business:**3200 - 3308 S.E. ASTER LANE
STUART, FL 34994**Current Mailing Address:**P.O. BOX 2757
STUART, FL 34995 US**FEI Number:** 59-2235872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONAN, ELIZABETH P.A.
789 SW FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	HUNTER, KATHLEEN
Address	P.O. BOX 2757
City-State-Zip:	STUART FL 34995

Title	SECRETARY
Name	WEIST, JIM
Address	P.O. BOX 2757
City-State-Zip:	STUART FL 34995

Title	PRESIDENT
Name	SCHLOSSER, MICHAEL
Address	P.O. BOX 2757
City-State-Zip:	STUART FL 34995

Title	DIRECTOR
Name	HARTLEY, WILLIAM
Address	P.O. BOX 2757
City-State-Zip:	STUART FL 34995

Title	TREASURER
Name	BUNCY, PAULA
Address	P.O. BOX 2757
City-State-Zip:	STUART FL 34995

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SCHLOSSER

PRESIDENT

01/10/2021

Electronic Signature of Signing Officer/Director Detail_____
Date