2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 716799 1. Entity Name



ARCHIPELAGO COMMUNITY ASSOCIATION, INC.				03-10-2003 90147 017 ****61.25		
Principal Pla 122 S. SEWA STUART FL		Mailing Address 122 6 SEWALLS-PT. RD. STUARD PT 34996-6302	,			
District	Discover to the second	· \	· · · · · · · · · · · · · · · · · · ·			
. <u>.</u> .		3. Mailing Address	Mailing Address 18 SIMMER ST,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Sta		City & State 5 Tu Ar	FL	4. FEI Number 59-2423084	Applied For Not Applicable	
349.	96 MARTIN	34996	MARTIN	S. 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		
SCHABEL, ROBERT V SCHABEL ROBT, V 122 S. SEWALLS PT. RD. 122 S. SEWALLS PT.			Name ZYBMUN LEON E,			
122 S. SEWALLS PT. RD. 122 S. S.		COULDE, C	Street Address	eet Address (P.O. Box Number is Not Acceptable)		
	Stuar	+ FL, 34996		WALT FL	•	
			City	•	FL Zip Code	
abov المراجعة Bi	e named entity submits this statement for ations of registered agent.	the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of I	Florida. I am familiar with, and accept	
· uie obiiga	/ _ _	GMUN - TRI	2s.		50	
SIGNATURE					2-19-03	
Ordin (10) IE	Signature, Sped or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE	
FILE NOW: FEE IS \$61.25 9. Election Campai		· · · ·				
Trust Fund		ntribution. Added to Fees Florida Department of State				
10	OFFICERS AND DIRI	CTORS	11.	ADDITIONS/CHANGES TO OFFIC	PERCAND PIRECTORS WILLS	
TIPLE * 1 1 1 1 1	PD	Delete				
NAME	SMITH, ROBERT H	Lai Doloto	NAME	SSLING, CYRUS	. Auditori Change Auditori C	
STREET ADDRESS	24 SIMARA ST		STREET ADDRESS 4	-		
CITY-ST-ZIP	STUART FL 34996			TUART FL 349		
TITLE	VD IAMES E	☐ Delete	TITLE 🗶	INARD, JAMES	Change Addition	
NAME:	KINARD, JAMES E.				-	
CITY-ST-ZIP				TIMOR STI		
0	5 TIMOR STREET		STREET ADDRESS	• •	99/	
TITLE	STUART FL		CITY-ST-ZIP	tuart FL 34		
TITLE NAME	STUART FL	□ Delete	CITY-ST-ZIP	YGMUN, LEON.	TRES. Change PAddition	
	STUART FL		CITY-ST-ZIP - TITLE NAME	YGMUN, LEON. 8 SIMARA ST	TRES. Change PAddition	
NAME	STUART FL SD HART, WILLIAM H 25 SIMIRA ST STUART FL 34996		CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP	YGMUN, LEON. 8 SIMARA ST THATT. FL 34	TRES. SChange PAddition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	STUART FL SD HART, WILLIAM H 25 SIMIRA ST STUART FL 34996 TD		CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP	YGMUN, LEON. 8 SIMARA ST THATT. FL 34	TRES. SChange PAddition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STUART FL SD HART, WILLIAM H 25 SIMIRA ST STUART FL 34996 TD SCHNABEL, ROBERT V	□ Delete	CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	YGMUN, LEON. 8 SIMARA ST THATT. FL 34	TRES. SChange PAddition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STUART FL SD HART, WILLIAM H 25 SIMIRA ST STUART FL 34996 TD SCHNABEL, ROBERT V 122 S. SEWALLS PT. RD.	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	THART FL 34 YGMUN, LEON, 8 SIMARA ST THART. FL 34 OPE, JOEL.S 24 S, SEW4115	POINT, RD	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STUART FL SD HART, WILLIAM H 25 SIMIRA ST STUART FL 34996 TD SCHNABEL, ROBERT V	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	YGMUN, LEON. 8 SIMARA ST THATT. FL 34	POINT, RD	

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

KISSLING, CYRUS

STUART FL 34996

MASSEY, RICHARD

1 MINDORO ST

STUART FL 34996

4 MINDORO ST

☐ Delete

え-19-2003

24 SIMARA ST

MASSEY, RICHARD - DIT. Thange

STUART FL