

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727185

1. Entity Name

POPPLETON CREEK CONDOMINIUM ASSOCIATION INC

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90028 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

950 COLORADO AVE  
 CLUB HOUSE #2  
 STUART FL 34994

950 COLORADO AVENUE  
 CLUBHOUSE #2  
 STUART FL 34994-3709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1489743

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, ESQ. D  
 WACKEEN CORNETT GOUGE & ROSS  
 401 E OSCEOLA ST 1ST FL  
 STUART FL 34995

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **WILLIAMS, ROBERT E.**  
 STREET ADDRESS **950 COLORADO AVE., E25**  
 CITY-ST-ZIP **STUART FL**

TITLE **SECRETARY, D**  Change  Addition  
 NAME **MARTIN, DAVID**  
 STREET ADDRESS **950 COLORADO AVE. TH13**  
 CITY-ST-ZIP **STUART, FL, 34994**

TITLE **D**  Delete  
 NAME **DENTON, NITA**  
 STREET ADDRESS **950 COLORADO AVE G503**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE **TREASURER, D**  Change  Addition  
 NAME **SWINTON, ROBERT**  
 STREET ADDRESS **950 COLORADO AVE. E3**  
 CITY-ST-ZIP **STUART, FL, 34994**

TITLE **VPD**  Delete  
 NAME **WARTICOVSKI, HARRY**  
 STREET ADDRESS **950 COLORADO AVE G608**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **WEBB, JILL**  
 STREET ADDRESS **950 COLORADO AVE A26**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE **DIRECTOR**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BOLT, WILLIAM**  
 STREET ADDRESS **950 COLORADO AVE TH7**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE **PRESIDENT**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: WILLIAM F. BOLTE QUINN William F. Bolt 1/17/00 (561) 283-3317  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)