

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90462 032 \*\*\*\*61.25

0084036

**DOCUMENT # 727185**

1. Entity Name

**POPPLTON CREEK CONDOMINIUM ASSOCIATION INC**

Principal Place of Business

Mailing Address

950 COLORADO AVE  
 CLUB HOUSE #2  
 STUART FL 34994

950 COLORADO AVENUE  
 CLUBHOUSE #2  
 STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

950 So. Kanner Hwy.  
 Suite, Apt. #, etc.  
 Clubhouse #2

City & State

City & State  
**Stuart, Florida**

Zip

Country

Zip  
**34994**

Country  
**Martin**

4. FEI Number

**59-1489743**

Applied For

Not Applicable

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 GOOGE & ROSS**  
**401 E OSCEOLA ST 1ST FL**  
**STUART FL 34995**

Name

**Michael J. McCluskey, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1100 S. Federal Highway**

City

**Stuart**

**FL**

Zip Code  
**34994**

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

*Michael J. McCluskey*, **MICHAEL J. MCCLUSKEY, ESQ. - ATTORNEY**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
SD	MARTIN, DAVID	950 COLORADO AVE. TH13	STUART FL 34994	<input type="checkbox"/>
TD	SWINTON, ROBERT	950 COLORADO AVE. E3	STUART FL 34994	<input checked="" type="checkbox"/>
VPD	WARTICOVSKI, HARRY	950 COLORADO AVE G608	STUART FL 34994	<input checked="" type="checkbox"/>
D	WEBB, JILL	950 COLORADO AVE A26	STUART FL 34994	<input checked="" type="checkbox"/>
P	BOLT, WILLIAM	950 COLORADO AVE TH7	STUART FL 34994	<input type="checkbox"/>
P	Spotts, Michael	4820 River Oak Lane	Ft. Pierce, FL 34981	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	Martin, David	950 S. Kanner Hwy. #TH13	Stuart, FL 34994	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Bamerick, Dudley	950 S. Kanner Hwy. #5-104	Stuart, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Dempsey, Frank	950 S. Kanner Hwy. #A3	Stuart, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Shann, Les	950 S. Kanner Hwy. #E11	Stuart, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Bolt, William	950 S. Kanner Highway #Th7	Stuart, FL 34994	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Liket, Hank	950 S. Kanner Hwy #G107	Stuart, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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. Belmont* (Dir.)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01  
 Date

(561) 283-3317  
 Daytime Phone #

CR2E037 (10/00)