

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90104 007 \*\*\*\*61.25

**DOCUMENT # 733324**

1. Entity Name

**THE VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION**

Principal Place of Business

*N.W.*  
**800 NORTH FORK RD.  
 STUART FL 34994**

Mailing Address

*N.W.*  
**800 NORTH FORK RD.  
 STUART FL 34994-8911**

2. Principal Place of Business

**800 N.W. FORK RD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**STUART**

City & State

**FL**

4. FEI Number

**59-1658176**

Applied For

Not Applicable

Zip

**34994-8911**

Country

**MARTIN**

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

**CORNETT, JANE L  
 RIVER OAKS CENTER  
 401 E OSCEOLA ST  
 STUART FL 34994**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BERMAN, MELECH J</b>	
STREET ADDRESS	<b>3796 SE MIDDLE ST</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>WISCHNEWSKI, NICOLE</b>	
STREET ADDRESS	<b>800 NW FORK RD B4-N9</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNS, KATHLEEN M</b>	
STREET ADDRESS	<b>800 NW FORK RD B8-N1</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>MACNER, CAMILLE M</b>	
STREET ADDRESS	<b>800 NW FORK RD B5-N11</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KRAFFT, LYNN E</b>	
STREET ADDRESS	<b>800 NW FORK RD B6-N10 U 10</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>STEIN, NORMAN</b>	
STREET ADDRESS	<b>800 NW DORK RD B7-N5 U 9</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANNE CRAIG</b>	
STREET ADDRESS	<b>800 N.W. FORK RD. B2-U8</b>	
CITY-ST-ZIP	<b>STUART, FL 34994</b>	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL PETROWSKI</b>	
STREET ADDRESS	<b>800 N.W. FORK RD. B1-P</b>	
CITY-ST-ZIP	<b>STUART, FL 34994</b>	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARION GULYAS</b>	
STREET ADDRESS	<b>800 N.W. FORK RD. B2-U3</b>	
CITY-ST-ZIP	<b>STUART, FL 34994</b>	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALFRED BECHHOFF</b>	
STREET ADDRESS	<b>800 N.W. FORK RD. B8-U6</b>	
CITY-ST-ZIP	<b>STUART, FL 34994</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*ANNE CRAIG*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-29-00 (56) 692-2300**

CR2E037 (9/99)