

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-03-2001 90004 020 ****61.25

DOCUMENT # 733324

1. Entity Name

THE VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION

Principal Place of Business

800 NORTH FORK RD.
STUART FL 34994

Mailing Address

800 NORTH FORK RD.
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1658176

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

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

7. Name and Address of New Registered Agent

Name *Robert P. Summers*
MCCARTHY & SUMMERS
Street Address (P.O. Box Number is Not Acceptable)
2400 SO. FEDERAL HWY 4th FLOOR
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

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	VP	<input type="checkbox"/> Delete
NAME	PETROWSKI, PAUL	
STREET ADDRESS	800 NW FORK ROAD B1-P	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	GULYAS, MARION	
STREET ADDRESS	800 NW FORK ROAD B2-U3	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRAIG, ANNE <i>D</i>	
STREET ADDRESS	800 N.W. FORK ROAD B2-U8	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECHHOFF, ALFRED <i>D</i>	
STREET ADDRESS	800 NW FORK ROAD B8-U8	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAFFT, LYNN E	
STREET ADDRESS	800 NW FORK ROAD B6-U10	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEIN, NORMAN	
STREET ADDRESS	800 NW FORK ROAD B7-U9	
CITY-ST-ZIP	STUART FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCES SHEAR <i>D</i>	
STREET ADDRESS	800 NW FORK RD B4-U5	
CITY-ST-ZIP	STUART-FL-34994	
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		
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-01
Date

(561) 692-1286
Deputy Phone #

CR2E037 (10/00)