

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90146 033 ****61.25

DOCUMENT # 733324

1. Entity Name

THE VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

800 NORTH FORK RD.
 STUART FL 34994

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

4. FEI Number

59-1658176

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

SUMMERS, ROBERT
2400S. FEDERAL HWY
4TH FLOOR
STUART FL 34994

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 _____ (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 | SD | <input type="checkbox"/> Delete |
| NAME | PETROWSKI, PAUL | |
| STREET ADDRESS | 800 NW FORK ROAD B1-P | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SHEAR, FRANCES | |
| STREET ADDRESS | 800 N.W FORK RD B4-V5 | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | CRAIG, ANNE | |
| STREET ADDRESS | 800 N.W. FORK ROAD B2-U8 | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | BECHHOFF, ALFRED | |
| STREET ADDRESS | 800 NW FORK ROAD B8-U6 | |
| 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 | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|---|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAYTER, EDNA | |
| STREET ADDRESS | 800 NW FORK RD # 5-7 | |
| CITY-ST-ZIP | STUART, FL 34994 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WENTINK, MICHAEL | |
| STREET ADDRESS | 800 N FORK RD # 9-5 | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BUSH, BARBARA | |
| STREET ADDRESS | 247 MANOR DR | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" 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: Paul Petrowski 4/4/02 772-225-5038
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)