

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90006 005 ****61.25

DOCUMENT # 735211

1. Entity Name

HUTCHINSON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10410 S. OCEAN DRIVE
 JENSEN BEACH FL 34957

Mailing Address

10410 S. OCEAN DRIVE
 JENSEN BEACH FL 34957

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

59-1803807

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNETT, JANE L.
 401 EAST OSCEOLA STREET
 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

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	VD	<input type="checkbox"/> Delete
NAME	BRIERE, KATHLEEN	
STREET ADDRESS	10410 SO OCEAN DRIVE, #609	
CITY-ST-ZIP	JENSEN BEACH FL 34956	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'CONNOR, WALTER	
STREET ADDRESS	10410 SO OCEAN DRIVE, #708	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARVER, EVERETT	
STREET ADDRESS	10410 SO OCEAN DRIVE, #405	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKAY, THOMAS	
STREET ADDRESS	10410 S. OCEAN DR #407	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POPE, SPENCER	
STREET ADDRESS	10410 SO OCEAN DRIVE, #905	
CITY-ST-ZIP	JENSEN BEACH FL 34956	
TITLE		<input type="checkbox"/> Delete

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#802	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT JOHNS	
STREET ADDRESS	10410 S. OCEAN DR. #1106	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

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

4-25-02

772-229-0357

CR2E037 (9/01)