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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90012 026 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 741973**

1. Corporation Name

**MAROON SUBDIVISION, UNIT TWO, PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

C/O G. KROWEITZ  
 902 HOLOMA DR  
 INDIAN RIVER SHORE FL 32963  
 US

Mailing Address

C/O G. KROWEITZ  
 902 HOLOMA DRIVE  
 INDIAN RIVER SHORE FL 32963  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/13/1978

4. FEI Number

22-2378831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**STEWART, WILLIAM J ESQ.**  
**3355 OCEAN DRIVE**  
**VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE  
 NAME **MITCHELL, ROBERT**  
 STREET ADDRESS **912 HOLOMA DR**  
 CITY-ST-ZIP **INDIAN RIVER SHORE FL**

TITLE **VD** ☐ DELETE  
 NAME **SHANKS, KENNETH R.**  
 STREET ADDRESS **917 HOLOMA DR**  
 CITY-ST-ZIP **INDIAN RIVER SHR. FL**

TITLE **VD** ☒ DELETE  
 NAME **JOE SAKACH**  
 STREET ADDRESS **915 HOLOMA DR**  
 CITY-ST-ZIP **INDIAN RIVER SHORES FL**

TITLE **ST** ☐ DELETE  
 NAME **KROWEITZ, GEORGIA**  
 STREET ADDRESS **902 HOLOMA DR**  
 CITY-ST-ZIP **INDIAN RIVER SHR FL**

TITLE **VD** ☐ DELETE  
 NAME **BEESON, R C**  
 STREET ADDRESS **913 HOLOMA DR**  
 CITY-ST-ZIP **INDIAN RIVER SHR FL**

TITLE **DP** ☐ DELETE  
 NAME **GODFREY, J F**  
 STREET ADDRESS **910 HOLOMA DR**  
 CITY-ST-ZIP **INDIAN RIVER SHR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D.P** ☐ Change ☒ Addition  
 1.2 NAME **Emmett LEE**  
 1.3 STREET ADDRESS **916 Holoma Drive**  
 1.4 CITY-ST-ZIP **Indian River Shore, FL 32963**

2.1 TITLE **VD** ☐ Change ☒ Addition  
 2.2 NAME **DAVE gorman**  
 2.3 STREET ADDRESS **907 Holoma Drive**  
 2.4 CITY-ST-ZIP **Indian River Shore, FL**

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE **VD** ☒ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Emmett Lee* SIGNATURE: *Katherine Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 561-234-1589  
 Date Daytime Phone #

CR2E037 (11/98)