

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90060 049 \*\*\*\*61.25

DOCUMENT # 741973

1. Entity Name

MAROON SUBDIVISION, UNIT TWO, PROPERTY OWNERS' A

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

C/O DEREK BRENNAN

Suite, Apt. #, etc.

908 HOLOMA DRIVE

VERO BEACH, FL.

Zip  
32963

Country  
U.S.A.

3. Mailing Address

C/O DEREK BRENNAN

Suite, Apt. #, etc.

908 HOLOMA DRIVE

VERO BEACH, FL.

Zip  
32963

Country  
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2378831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, EMMETT 916 HOLOMA DR. INDIAN RIVER SHORE FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORMAN, DAVE 907 HOLOMA DR. INDIAN RIVER SHR. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROWEITZ, GEORGIA 902 HOLOMA DR INDIAN RIVER SHR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEESON, R C 913 HOLOMA DR INDIAN RIVER SHR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODFREY, J F 910 HOLOMA DR INDIAN RIVER SHR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEREK BRENNAN 908 HOLOMA DRIVE VERO BEACH, FL. 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOM CADDEN 906 HOLOMA DRIVE INDIAN RIVER SHORES, FL. 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES HAYNES 905 HOLOMA DRIVE INDIAN RIVER SHORES, FL. 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEN SHANKS 917 HOLOMA DRIVE INDIAN RIVER SHORES, FL. 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

DEREK BRENNAN 4/8/01 561-234-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)