

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90034 044 \*\*\*\*61.25

0015332

**DOCUMENT # 741973**

1. Entity Name

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

Principal Place of Business

Mailing Address

C/O DEREK BRENNAN  
 908 HOLOMA DRIVE  
 INDIAN RIVER SHORE FL 32963  
 US

C/O DEREK BRENNAN  
 908 HOLOMA DRIVE  
 INDIAN RIVER SHORE FL 32963  
 US

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

**22-2378831**

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

Name

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

City

**FL**

Zip Code

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

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 **D** ☐ Delete  
 NAME **LEE, EMMETT**  
 STREET ADDRESS **916 HOLOMA DR.**  
 CITY-ST-ZIP **INDIAN RIVER SHORE FL 32963**

TITLE **D** ☐ Delete  
 NAME **GORMAN, DAVE**  
 STREET ADDRESS **907 HOLOMA DR.**  
 CITY-ST-ZIP **INDIAN RIVER SHR. FL**

TITLE **ST** ☐ Delete  
 NAME **BRENNAN, DEREK**  
 STREET ADDRESS **908 HOLOMA DRIVE**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **PD** ☐ Delete  
 NAME **CADDEN, TOM**  
 STREET ADDRESS **908 HOLOMA DRIVE**  
 CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

TITLE **D** ☐ Delete  
 NAME **HAYNES, CHARLES**  
 STREET ADDRESS **905 HOLOMA DRIVE**  
 CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

TITLE **D** ☐ Delete  
 NAME **SHANKS, KEN**  
 STREET ADDRESS **917 HOLOMA DRIVE**  
 CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Derek Brennan** **DEREK BRENNAN** 4/1/02 772-234-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)