09-02-2003 90192 029 ****61.25

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCL	JMENT	#	741	973
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1. Entity Name

MAROON SUBDIVISION, UNIT TWO, PROPERTY OWNERS' A

SSOCIATION, INC.			C/V			
Principal Place of Business C/O DEREK BRENNAN 08 HOLOMA DRIVE NDIAN RIVER SHORE FL 32963 IS	Mailing Address C/O DEREK BRENNAN 908 HOLOMA DRIVE INDIAN RIVER SHORE FL 32 US	1963			12	
2. Principal Place of Business 40 JOSEPH DUNCAN 3. Mailing Address 40 JOSEPH DUNCAN 40 JOSEPH		DUNCAN		11		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>		CHECK HERE IF MAK	KING CHANGES	
909 HOLOMA DR.	909 HOLOMA	DR				
Vero Beach, FL	VERO BEACH	, FL	4. FEI Number 22	2-2378831	<u> </u>	plied For t Applicable
Zip Country 32963 USA	Zip 32963	Country USA	5. Certificate of St	atus Desired	\$8.75 Add	
6. Name and Address of Current R		<u> </u>	7. Name and Add	ress of New Register		
		Name			, * ; -: * · · ·	
STEWART, WILLIAM J ESQ.	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Street A	ddress (P.O. Box Number is N	lot Acceptable)	•	
3355 OCEAN DRIVE VERO BEACH FL 32960				N.		
2 DENOTTE SESSO	·	City			FL Zip Code	,
3. The above named entity submits this statement for	the access of about its a			<u> </u>		
the obligations of registered agent.						ļ
SIGNATURE Signature, typed or printed name of registered agent ar FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$23	9. Election Cam	paign Financing	standard when reinstating) \$5.00 May Be Added to Fees	Make Ch	neck Payable t	
SIGNATURE Signature, typed or printed name of registered agent ar FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Make Ch Florida De	neck Payable to partment of S	itate
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12. I hereby certify that the information supplied with this filling 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. 7772-234-

CITY-ST-ZIP

SIGNATURE:

INDIAN RIVER SHORES FL 32963

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