

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

FILED
Sep 02, 2003 8:00 am
Secretary of State

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

DOCUMENT # 741973

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

C/O JOSEPH DUNCAN

3. Mailing Address

C/O JOSEPH DUNCAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

909 HOLOMA DR.

909 HOLOMA DR

City & State

City & State

VERO BEACH, FL

VERO BEACH, FL

Zip

Country

Zip

Country

32963

USA

32963

USA



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, EMMETT	
STREET ADDRESS	916 HOLOMA DR.	
CITY-ST-ZIP	INDIAN RIVER SHORE FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORMAN, DAVE	
STREET ADDRESS	907 HOLOMA DR.	
CITY-ST-ZIP	INDIAN RIVER SHR. FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BRENNAN, DEREK	
STREET ADDRESS	908 HOLOMA DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CADDEN, TOM	
STREET ADDRESS	908 HOLOMA DRIVE	
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, CHARLES	
STREET ADDRESS	905 HOLOMA DRIVE	
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	
TITLE	D	<input checked="" type="checkbox"/> 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN YOUSE	
STREET ADDRESS	911 HOLOMA DR	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEDE ASHBY	
STREET ADDRESS	914 HOLOMA DR	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH DUNCAN	
STREET ADDRESS	909 HOLOMA DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK BEESON	
STREET ADDRESS	913 HOLOMA DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input 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		

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

Date

Daytime Phone #

CR2E037 (4/03)

0005704