

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 744882**

1. Entity Name

PORT SALERNO VILLAGE PHASE I HOMEOWNERS ASSOCIATION

FILED

02 OCT -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

979307

Principal Place of Business

Mailing Address

C/O DEBORAH L. ROSS, ESQ.
401 E. OSCEOLA ST.
STUART FL 34994
USC/O DEBORAH L. ROSS, ESQ.
401 E. OSCEOLA ST.
STUART FL 34994
US

2. Principal Place of Business

P.O. Box 6174
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6174
Suite, Apt. #, etc.City & State
Stuart FLCity & State
Stuart FLZip
34997Country
USAZip
34997Country
USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, DEBORAH L ESQ.
401 E. OSCEOLA ST.
STUART FL 34994

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

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WETMORE, LISA	
STREET ADDRESS	4411 SE VILLAGE RD.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HISCOX, WILLARD	
STREET ADDRESS	1418 SE PENNSYLVANIA LANE	
CITY-ST-ZIP	PALM CITY FL 34997	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KNEBEL, STELLA E	
STREET ADDRESS	4629 SE SAVATORI ROAD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, TERRY	
STREET ADDRESS	4443 SE VILLAGE RD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRUSKI, GREG	
STREET ADDRESS	14897 85TH RD. NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRITZ, LEE	
STREET ADDRESS	4383 SE VILLAGE RD	
CITY-ST-ZIP	STUART FL 34997	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4413 SE Village Rd	
STREET ADDRESS	Stuart FL 34997	
CITY-ST-ZIP	Stuart FL 34997	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Wetmore	
STREET ADDRESS	4413 SE Village Rd	
CITY-ST-ZIP	Stuart FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hiscox, Willard D	
STREET ADDRESS	1418 SE Pennsylvania Lane	
CITY-ST-ZIP	Palm City FL 34997	
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		

CR2E037 (4/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 5 2002

Date

772 823-5270

Daytime Phone #