

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90072 044 ****61.25

DOCUMENT # 746349

1. Entity Name

THE WOODS OF PORT ST. JOHN PROPERTY OWNERS' ASSO

Principal Place of Business

Mailing Address

925 MACCO RD
 COCOA FL 32927

925 MACCO RD
 COCOA FL 32927-5035

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

59-2011299

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

822957



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, DONALD E.
920 MACCO ROAD
COCOA FL 32927

7. Name and Address of New Registered Agent

Name

Freeman, Debbie

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

4440 Comfort St.

City

Cocoa

FL

Zip Code

32927

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

Debbie Freeman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-13-2000

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	VD	<input checked="" type="checkbox"/> Delete
NAME	CISOWSKI, KAZIMIERZ	
STREET ADDRESS	206 MANTH AVENUE	
CITY-ST-ZIP	COCOA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAWES, RUTH	
STREET ADDRESS	912 MACCO RD	
CITY-ST-ZIP	COCOA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBISON, SUZANNE	
STREET ADDRESS	940 EYERLY ST.	
CITY-ST-ZIP	COCOA, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOCUSON, BELINDA	
STREET ADDRESS	995 TOPE ST	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOSSOM, ROBERT	
STREET ADDRESS	969 ELKCAM BLVD	
CITY-ST-ZIP	COCOA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PORTZ, STEVE	
STREET ADDRESS	229 MANTH AVENUE	
CITY-ST-ZIP	COCOA, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	watson, Lee Ann	
STREET ADDRESS	236 MANTH	
CITY-ST-ZIP	Cocoa FL 32927	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martinek, Dean	
STREET ADDRESS	888 ELKCAM Blvd	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harmon, Rick	
STREET ADDRESS	900 ELKCAM Blvd	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927	

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:

Ruth Dawes
Signature Required

3-2-00

Date

Daytime Phone #

C.F. 1:037 19/99