

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90342 032 ****61.25

DOCUMENT # 746349

1. Entity Name

**THE WOODS OF PORT ST. JOHN PROPERTY OWNERS' ASSO
CIATION, INC.**

Principal Place of Business

Mailing Address

925 MACCO RD
COCOA FL 32927

925 MACCO RD
COCOA FL 32927



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2011299

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FREEMAN, DEBBIE
4440 COMFORT ST
COCOA FL 32927**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
NAME **WATSON, LEE ANN**
STREET ADDRESS **236 MANTH**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **VD** Change Addition
NAME **Baldock, Jeff**
STREET ADDRESS **6400 Golfview**
CITY-ST-ZIP **Cocoa, FL 32927**

TITLE **PD** Delete
NAME **DAWES, RUTH**
STREET ADDRESS **912 MACCO RD**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **D** Change Addition
NAME **Delaney, Donna**
STREET ADDRESS **236 Fecco**
CITY-ST-ZIP **Cocoa, FL 32927**

TITLE **D** Delete
NAME **AGARD, THEO**
STREET ADDRESS **245 MANTH**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **TD** Change Addition
NAME **Miller, Don**
STREET ADDRESS **920 macco**
CITY-ST-ZIP **Cocoa, FL 32927**

TITLE **TD** Delete
NAME **MARTINEX, DEAN**
STREET ADDRESS **888 ELKEAM BLVD**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **PD** Change Addition
NAME **Martinez, Dean**
STREET ADDRESS **888 ELKEAM BLVD**
CITY-ST-ZIP **COCOA, FL 32927**

TITLE **D** Delete
NAME **HARMON, RICK**
STREET ADDRESS **900 ELKEAM BLVD**
CITY-ST-ZIP **COCOA FL 32927**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **PORTZ, STEVE**
STREET ADDRESS **229 MANTH AVENUE**
CITY-ST-ZIP **COCOA FL 32927**

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:

Donna Delaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

Daytime Phone #

321-632-6158

CR2E037 (9/01)