

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90112 002 \*\*\*\*61.25

**DOCUMENT # 749078**

1. Entity Name

**JOE'S POINT HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

662 NE OCEAN BLVD  
 STUART FL 34996  
 US

662 NE COEAN BLVD  
 STUART FL 34996  
 US

00083362



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

**59-2069628**

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

**KAZMIER, T**  
**662 NE OCEAN BLVD**  
**STUART FL 34996**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	LEVY, ED	4380 NE JOE'S POINT ROAD	STUART FL	<input type="checkbox"/>
D	LYNG, J	4302 NE JOE'S POINT RD	STUART FL 34996	<input checked="" type="checkbox"/>
PD	WOODRUFF, ALAN	3990 JOE'S POINT RD	STUART FL	<input type="checkbox"/>
TD	AAMODT, BURT	5550 N OCEAN DRIVE	SINGER ISLAND FL	<input checked="" type="checkbox"/>
GD	FRANCIS, DAVID	4200 NE JOE'S POINT RD	STUART FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	VELSON BEARD	4030 JOE'S POINT ROAD	STUART, FL 34996	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	CANNOLL LOAD	4311 N.E. JOE'S POINT ROAD	STUART, FL 34996	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DL	THOMAS HARRIS	4401 N.E. JOE'S POINT ROAD	STUART, FL 34996	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

*SIGNATURE REQUIRED*

4/24/00