

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90362 019 ****61.25

0083776

DOCUMENT # 749078

1. Entity Name

JOE'S POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

662 NE OCEAN BLVD
 STUART FL 34996
 US

Mailing Address

662 NE COEAN BLVD
 STUART FL 34996
 US

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

59-2069628

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KAZMIER, T
662 NE OCEAN BLVD
STUART FL 34996

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.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, DR. THOMAS	
STREET ADDRESS	4401 NE JOES POINT RD	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, CARROLL	
STREET ADDRESS	4311 JOE'S POINT RD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, DON	
STREET ADDRESS	4030 NE JOES POINT RD	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carroll Lord CARROLL LORD 20 Apr 01 561-334-3600

CR2E037 (10/00)