

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90353 014 ****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**

00071101



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	JD	<input type="checkbox"/> Delete
NAME	LEVY, ED	
STREET ADDRESS	4380 NE JOE'S POINT ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LYNG, J	
STREET ADDRESS	4302 NE JOE'S POINT RD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAAS, THOMAS DR	
STREET ADDRESS	4401 NE JOES POINT RD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LORD, CARROLL	
STREET ADDRESS	4311 JOES POINT RD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEARD, DON	
STREET ADDRESS	4030 NE JOES POINT RD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELSON NANCY	
STREET ADDRESS	4210 NE JOE'S POINT RD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEIDLER, RICHARD	
STREET ADDRESS	4420 NE JOES POINT RD	
CITY-ST-ZIP	STUART FL 34996	
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

561-334-3600

Date

Daytime Phone #

CR2E037 (9/01)