

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749700

1. Entity Name

PORT ST. LUCIE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90220 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 7771  
PT ST LUCIE FL 34985-4771

P.O. BOX 7771  
PT ST LUCIE FL 34985-7771



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

58-9148602

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

BAILEY, ED  
142 W CARIBBEAN  
PT. ST. LUCIE FL 34952

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  
S  
CLEMENTS, MARTHA YORK  
4311 SE BRITNEY CIR  
PORT ST. LUCIE FL 34952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
COOK, FREDERICK H.  
1552 LADNER STREET  
PORT ST LUCIE, FL 34952 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BAILEY, ED  
142 W CARIBBEAN  
PORT ST. LUCIE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VALE, VICTOR  
3100 SE PRUIT RD. F 305  
PORT ST LUCIE, FL 34952 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRAND, HELEN  
250 NE ST JAMES BLVD  
PORT ST. LUCIE FL 34983 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
YANCIGAY, JOHN  
162 NE SURFSIDE AVE  
PORT ST LUCIE, FL 34983 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LILLO, FRANK  
P O BOX 8315 N/A  
PT. ST. LUCIE FL 34985 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRAND EDWARD  
250 NE ST. JAMES BLVD  
PORT ST LUCIE, FL 34983 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BAILEY, ROBERTA  
P.O. BOX 9118 N/A  
PORT ST. LUCIE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SOLET, PAUL  
2231 SE LUCAYA ST  
PORT ST. LUCIE FL 34952 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Edward A. Bailey*  
EDWARD A. BAILEY

26 APRIL 2000

321-335-4609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)