

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90031 013 ****61.25

0003809

DOCUMENT # 749700

1. Entity Name

PORT ST. LUCIE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

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

58-9148602

Applied For

Not Applicable

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:
FEES 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 BRITTNEY CIR
PORT ST. LUCIE FL 34952

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOK, FREDERICK H
1552 LADNER STREET
PORT SAINT LUCIE FL 34952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COOK, FREDERICK H
1552 LADNER ST
PT ST LUCIE FL 34952
☒ 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
VP
LILLO, FRANK
PO BOX 8315 N/A
PT ST LUCIE FL 34985
☒ 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
D
VALE, VICTOR
3100 SE PRUITT RD. F305
PORT SAINT 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, QUICED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 MARCH 2001

Date

561
335-4609

Daytime Phone #

CR2E037 (10/00)