

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

04-18-2002 90423 002 \*\*\*\*61.25

**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: 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 **S** ☐ Delete  
NAME **CLEMENTS, MARTHA YORK**  
STREET ADDRESS **4311 SE BRITTNEY CIR**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **D** ☒ Change ☒ Addition  
NAME **BRAND, EDWARD R.**  
STREET ADDRESS **250 ST JAMES DR.**  
CITY-ST-ZIP **PORT ST LUCIE 34984**

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

TITLE **D** ☒ Change ☒ Addition  
NAME **YANCIGAY, JOHN M**  
STREET ADDRESS **162 NE SURESIDE AVE**  
CITY-ST-ZIP **PT ST LUCIE FL 34983**

TITLE **P** ☐ Delete  
NAME **COOK, FREDERICK H**  
STREET ADDRESS **1552 LADNER STREET**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **D** ☒ Change ☒ Addition  
NAME **JANIEC, MARK**  
STREET ADDRESS **1501 SE SUTTON PL**  
CITY-ST-ZIP **PT ST LUCIE FL 34983**

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

TITLE **D** ☒ Change ☒ Addition  
NAME **LILLO, FRANK**  
STREET ADDRESS **PO BOX 8315 N/A**  
CITY-ST-ZIP **PT ST LUCIE FL 34985**

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

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

TITLE **D** ☐ Delete  
NAME **VALE, VICTOR**  
STREET ADDRESS **3100 SE PRUITT RD. F305**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Change ☐ 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:

*Edward A. Bailey*  
**EDWARD A. BAILEY**

**4-8-2002**

**772-335-4609**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)