SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1995 6-28-95 B 75978 CORPORATIONS C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:00

DOCUMENT # 752822 (7)

1. Corporation Name
STUART WEST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1200 SW IMPERIAL DR~~ P. O. BOX 1335 PALM CITY FL 34990	~~1200 SW IMPERIAL DR~~ P. O. BOX 1335 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 —	26
22 Suite, Apt. #, etc.: P.O. Box 1335	27 Suite, Apt. #, etc.: P.O. Box 1335
23 City & State: PALM CITY FL	28 City & State: PALM CITY FL
24 Zip: 34990 25 Country: MARTIN	29 Zip: 34990 30 Country: MARTIN

9. Name and Address of Current Registered Agent

WEIN, LEONARD J
3101 SW BUENA VISTA BLVD
PALM CITY FL 34990

10. Name and Address of New Registered Agent

61 Name: GLENN J HARRIS
62 Street Address (P.O. Box Number is Not Acceptable): 9653 GRANADA CT
63
64 City: PALM CITY FL 65 Zip Code: 34990

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 6/21/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	CAMENE, BYRON	12 NAME	ROB SEMWEGER	
STREET ADDRESS	1109 SW IMPERIAL DR	13 STREET ADDRESS	9732 SANTA MONICA DR	
CITY-ST-ZIP	PALM CITY FL	14 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	P	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	WEIN, LEONARD J	22 NAME	LEONARD WEIN	
STREET ADDRESS	3101 SW BUENA VISTA BLVD	23 STREET ADDRESS	3101 BUENA VISTA BLVD	
CITY-ST-ZIP	PALM CITY FL	24 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	31 TITLE	TREASURER	☒ Change ☐ Addition
NAME	BARNES, RAY M	32 NAME	JENETTE BUSCH	
STREET ADDRESS	9832 SANTA MONICA DR	33 STREET ADDRESS	9862 SANTA MONICA DR	
CITY-ST-ZIP	PALM CITY FL	34 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	41 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	HARRIS, GLENN J	42 NAME	HARRIS GLENN	
STREET ADDRESS	9653 SW GRANADA CT	43 STREET ADDRESS	9653 GRANADA CT	
CITY-ST-ZIP	PALM CITY FL	44 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	STD	51 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MASTALSKI, DIANE	52 NAME	LARRY HUNTSINGER	
STREET ADDRESS	9947 SW VENTURA DR	53 STREET ADDRESS	9772 SANTA MONICA DR	
CITY-ST-ZIP	PALM CITY FL	54 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	61 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	TUCKER, MARIANN L DR	62 NAME	WILLIAM WATTS	
STREET ADDRESS	3238 SE FEDERAL HWY	63 STREET ADDRESS	709 ANAHEIM LANE	
CITY-ST-ZIP	STUART FL	64 CITY-ST-ZIP	PALM CITY FL 34990	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] 6/21/95 407 879-5445
(SIGNATURE AND TYPED OR PRINTED NAME OF A FILING OFFICER OR DIRECTOR) Date Daytime Phone #

GLENN J. HARRIS PRESIDENT

0017283