SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(7)

STUART WEST PROPERTY OWNERS ASSOCIATION, INC.

									<u> </u>			
Principal Place of Business Mailing Address												
P O BOX 1335 PALM CITY FL : US	34990			P O BOX 1335 PALM CITY FL 34990 US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3a. Date of Last Report				
								06/06/1980	1 ** .	/03/19	•	
2. Principal P	lace of Busin	ess	2a. Maili	2a. Mailing Address				4. FEI Number			pplied For	
21 Cuito Ant	# ata		26	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				NOT APPLICABLE			ot Applicable	
Suite, Apt.	#, BLC.		27					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			— ·	City & State			ł	6. Election Campaign Financing			May Be	
23 Zip	p Country		28 Zin	· - - - - - - - - - 		Country		Trust Fund Contribution	<u> </u>		to Fees	
24	25			29 30		ſ		 This corporation owes or has pa Personal Property Tax due June 	_			
g. Name and Address of Current Registered Agent								10. Name and Address of New Re				
				•	81	Name		1 11-1-				
HUNTSINGER, LARRY					62			d We1n s (P.O. Box Number is Not Acceptal	ole)			
		ONICA DRIVE			<u></u>			Beuna Vista Blvd.				
PALM CITY FL 34990					63							
					84	City	P	alm City	FL ⁶	35 Zip	Code 4990	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-ne							corpora	ation submits this statement for the r	ourpose of ch	anging i	ts 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 Leonard Wein 7/21/97												
12.	Signature, typed	or printed name of registered as OFFICERS At	gent and title if applications ND DIRECTORS		: Registered Age	enutengie Inc	required v	when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE DE AND DI	DECTOR	OC (N) 10	
TITLE	S	01110211071	TO DITEOTORIC	X DELETE	1.1 TITLE		P	_		Change	XX Addition	
NAME	T	BER, ROB			1.2 NAME			nard Wein		•		
STREET ADDRESS	DIGE STATISTINGS OF					4 9 STOCET ADDOCCC		l Sw Buena Vista Bl n City, FL 34990	va.			
CITY-ST-ZIP	PALM CI	TY FL			1.4 CITY-S	T-ZIP	ran	" CILY, FL 34990				
TITLE	VP			DELETE	2.1 TITLE		Ţ	11 171		Change	Addition	
NAME		JEANETTE			2.2 NAME			id Vealey				
STREET ADDRESS 9862 SW SANTA MONICA DRIV			HIVE		2.3 STREET			l San Antonio Dr. n City, FL 34990				
CITY-ST-ZIP TITLE	TALM ()	1 FL 34990		DELETE	2. 4 CITY - 5 3.1 TITLE	ST-ZIP	VP	1 City, FD 34990	XX	Change	Addition	
NAME	DAWSON	LDORIS			3.2 NAME		Dort	ls Dawson		o nango	reduces	
STREET ADDRESS		IMPERIAL DRIVE			3.3 STREET	ADDRESS		3 SW Imperial Dr.				
CITY-ST-ZIP		TY FL 34990			3.4. CITY-5	ST-ZIP	Palr	n City, FL 34990				
TITLE	D			⚠ DELETE	4.1 TITLE		S			Change	XX Addition	
NAME		WILLIAM			4.2 NAME			Nickerson 26 SW Ventura Dr.				
STREET ADDRESS		PUEBLO TERRACE	•		4.3 STREET			n City, FL 34990				
CITY-ST-ZIP		TY FL 34990		A DELETE	4.4 CITY-S	T-ZIP				05	551 A 449/	
TITLE NAME	Р ынылтена	GER, LARRY		- Dutte	5.1 TITLE 5.2 NAME		D	Conto	Ц	Change	X Addition	
STREET ADDRESS		NTA MONICA DR			5.2 NAME 5.3 STREET	ſ		Casto SW Beumont Ave.				
CITY-ST-ZIP	PALM CIT				5.4 CITY-S		1	City, FL 34990				
TITLE	D	118		DELETE	6.1 TITLE	. =-1	D			Change	XX Addition	
NAME	WATTS, \	MILLIAM			6.2 NAME	-	Joyc	ce Taylor		-		
STREET ADDRESS		HEIM LANE			6.3 STREET	ADDRESS		SW Imperial Dr.				
l l		N. J					. Ual-	. refer 171 9/000				

14. I do 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 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.

FILED

Jul 30 1997 8:00am

Secretary of State