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Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752822** (7)
1. Corporation Name
STUART WEST PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business P O BOX 1335 PALM CITY FL 34990 US	Mailing Address P O BOX 1335 PALM CITY FL 34990 US
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3. Date Incorporated or Qualified 06/06/1980	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 PO Box 1335 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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9. Name and Address of Current Registered Agent WEIN, LEONARD 3101 SW BUENA VISTA BLVD PALM CITY FL 34990	
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10. Name and Address of New Registered Agent 81 Name Larry Huntsinger 82 Street Address (P.O. Box Number is Not Acceptable) 83 9772 Santa Monica Dr. 84 City Palm City 85 Zip Code FL 34990	
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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 Larry Huntsinger, President *Larry Huntsinger* DATE **3/2/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE P <input checked="" type="checkbox"/> DELETE	NAME WEIN, LEONARD
STREET ADDRESS 3101 SW BUENA VISTA BLVD	CITY-ST-ZIP PALM CITY FL
TITLE T <input type="checkbox"/> DELETE	NAME VEALEY, DAVID
STREET ADDRESS 1101 SAN ANTONIO DR	CITY-ST-ZIP PALM CITY FL
TITLE VP <input type="checkbox"/> DELETE	NAME DAWSON, DORIS
STREET ADDRESS 1208 SW IMPERIAL DRIVE	CITY-ST-ZIP PALM CITY FL
TITLE S <input checked="" type="checkbox"/> DELETE	NAME NICKERSON, SUE
STREET ADDRESS 10026 SW VENTURA DR	CITY-ST-ZIP PALM CITY FL
TITLE D <input type="checkbox"/> DELETE	NAME CASTO, MARK
STREET ADDRESS 2657 SW BEUMONT AVE	CITY-ST-ZIP PALM CITY FL
TITLE D <input checked="" type="checkbox"/> DELETE	NAME TAYLOR, JOYCE
STREET ADDRESS 1109 SW IMPERIAL DR	CITY-ST-ZIP PALM CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME Larry Huntsinger
1.3 STREET ADDRESS 9772 Santa Monica Dr.	1.4 CITY-ST-ZIP Palm City, FL 34990
2.1 TITLE T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME DAVID VEALEY
2.3 STREET ADDRESS 1101 SAN ANTONIO DR	2.4 CITY-ST-ZIP PALM CITY FL 34990
3.1 TITLE S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME Doris Dawson
3.3 STREET ADDRESS 1208 SW Imperial Dr.	3.4 CITY-ST-ZIP Palm City, FL 34990
4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME George DeMello
4.3 STREET ADDRESS 9906 SW Ventura Dr.	4.4 CITY-ST-ZIP Palm City, FL 34990
5.1 TITLE VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME Mark Casto
5.3 STREET ADDRESS 2657 SW Beumont Ave.	5.4 CITY-ST-ZIP Palm City, FL 34990
6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME Buz Busbee
6.3 STREET ADDRESS 1567 SW Shady Lakes Terr.	6.4 CITY-ST-ZIP Palm City, FL 34990

14. 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 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: *Larry Huntsinger*

CR2E037 (10/97)