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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90015 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752822					
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 34991 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/06/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUNTSINGER, LARRY 9772 SANTA MONICA DRIVE PALM CITY FL 34990				81 Name Deborah L. Ross, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 461 E. Osceola Street 83 84 City Stuart FL 85 Zip Code 34994			

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] DATE: 3/18/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTSINGER, LARRY	1.2 NAME	
STREET ADDRESS	9772 SANTA MONICA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEALEY, DAVID	2.2 NAME	Leonard Wein
STREET ADDRESS	1101 SAN ANTONIO DR	2.3 STREET ADDRESS	3101 SW Buena Vista Blvd.
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, DORIS	3.2 NAME	
STREET ADDRESS	1208 SW IMPERIAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMELLO, GEORGE	4.2 NAME	Joya DeVries
STREET ADDRESS	9906 SW VENTURA DRIVE	4.3 STREET ADDRESS	3402 Golden Ln.
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTO, MARK	5.2 NAME	
STREET ADDRESS	2657 SW BEUMONT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSBEE, BUZ	6.2 NAME	
STREET ADDRESS	1567 SW SANDY LAKE TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Larry Huntsinger 12/25/99
Date

561-597-6069
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Huntsinger

CR2E037 (11/98)