

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752822

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

ROSS, DEBORAH L
401 E OSCEOLA STREET
STUART FL 34994

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 PD
NAME HUNTSINGER, LARRY
STREET ADDRESS 9772 SANTA MONICA DRIVE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

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

TITLE D
NAME ZINGMAN, ANNA
STREET ADDRESS 9807 SW PUEBLO TERR
CITY-ST-ZIP PALM CITY FL 34990 ☒ Delete

TITLE
NAME TO ROB SCHWEIGER
STREET ADDRESS 9752 SW SANTA MONICA DR
CITY-ST-ZIP PALM CITY, FL 34990 ☐ Change ☒ Addition

TITLE STD
NAME DAWSON, DORIS
STREET ADDRESS 1208 SW IMPERIAL DRIVE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

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

TITLE D
NAME SABOL, FRANK
STREET ADDRESS 154 W ARBOR AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952 ☒ Delete

TITLE VPD
NAME LEONARD WEIN
STREET ADDRESS 3101 SW BUENA VISTA BLVD.
CITY-ST-ZIP PALM CITY, FL 34990 ☐ Change ☒ Addition

TITLE VPD
NAME CASTO, MARK
STREET ADDRESS 2657 SW BEUMONT AVE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

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

TITLE D
NAME MARX, SAM
STREET ADDRESS 1100 SAN ANTONIO DR.
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Schweiger, Trus.

Date

Daytime Phone #

2-23-02

722-
597-
4666

CR2E037 (9/01)