

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90115 002 ****61.25

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

02222006

Chg-NP

CR2E037 (11/05)

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
759 S FEDERAL HWY STE 212
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BORN, JOHN	
STREET ADDRESS	2158 SW CAMERON LN	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KNIPPER, ROBERT	
STREET ADDRESS	9847 SW VENTURA DR.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALMASY, ANTOINETTE	
STREET ADDRESS	2408 SW SAN ANTONIO DR	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GUTTUEG, KELLY	
STREET ADDRESS	2608 SW BEAUMONT AVE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CASTO, MARK	
STREET ADDRESS	2657 SW BEAUMONT AVE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LONSE, NICK	
STREET ADDRESS	9652 GRANADA	
CITY-ST-ZIP	PALM CITY, FL 34990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYA DEVRIES	
STREET ADDRESS	2402 SW GOLDEN LN	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA NOVALK	
STREET ADDRESS	1501 SW SAN ANTONIO DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANNE TOUSSAINT	
STREET ADDRESS	3352 SW GOLDEN LN	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA COHEN	
STREET ADDRESS	9857 SW PUEBLO TERR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY HUNTSINGER	
STREET ADDRESS	9712 SW SANTAMONICA DR	
CITY-ST-ZIP	PALM CITY FL 34990	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

OVER