

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90072 036 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192008

Chg-NP

CR2E037 (12/06)

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, 2008

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 VP ☒ Delete
NAME DE VRIES, JOYA
STREET ADDRESS 3402 SW GOLDEN LN
CITY-ST-ZIP PALM CITY, FL 34990

TITLE PD ☒ Delete
NAME KNIPPER, ROBERT
STREET ADDRESS 9847 SW VENTURA DR.
CITY-ST-ZIP PALM CITY, FL 34990

TITLE S ☐ Delete
NAME NOVAK, PATRICIA
STREET ADDRESS 1501 SW SAN ANTONIO DR
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Delete
NAME TOUSSAINT, DEANNE
STREET ADDRESS 3352 SW GOLDEN LN
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D ☒ Delete
NAME COHEN, LISA
STREET ADDRESS 9857 SW PUEBLO TERR
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D VP ☐ Delete
NAME HUNTSINGER, LARRY
STREET ADDRESS 9772 SW SANTA MONICA DR
CITY-ST-ZIP PALM CITY, FL 34990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE T ☐ Change ☒ Addition
NAME JOHN BOEN
STREET ADDRESS 2158 SW CAMERON LANE
CITY-ST-ZIP PALM CITY, FL 34990

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

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

TITLE D ☐ Change ☒ Addition
NAME HOLLY KIEFT
STREET ADDRESS 9709 SW PUEBLO TRACE
CITY-ST-ZIP PALM CITY, FL 34990

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

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:

Leonard Wein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08 772-597-6100