

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 754469**

1. Entity Name

NORTH VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1 TURTLE BEACH RD.
VERO BEACH FL 32963**

Mailing Address

**1 TURTLE BEACH RD.
VERO BEACH FL 32963**

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

59-2344393

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSE, MICHAEL L
1 TURTLE BEACH RD.
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name

BARKER, JOHN E.

Street Address (P.O. Box Number is Not Acceptable)

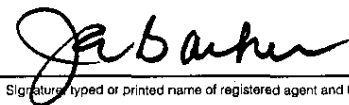
1 TURTLE BEACH ROAD

City

VERO BEACH**FL**Zip Code
32963

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

**John E. Barker**

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

(NOTE: Registered Agent signature required when reinstating)

4/2/01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE, HENRY E III 777 SEA OAK DR., #722 VERO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWELL, DAVID 777 SEA OAK DRIVE, #716 VERO BEACH FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROCKETT, SALLY 777 SEA OAK DR. #719 VERO BEACH FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, DON V. 777 SEA OAK DR, #715 VERO BEACH FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARKER, JOHN E. 1 TURTLE BEACH RD VERO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPPLE, BRENTON 777 SEA OAK DRIVE, #730 VERO BEACH FL 32963	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

 **John E. Barker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 231-1666

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90046 020 ****61.25



DO NOT WRITE IN THIS SPACE

0031370

CR2E037 (10/00)