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2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State **DOCUMENT # 755754** 4-02-2002 90906 033 ****61 25 TARPON BAY YACHT CLUB CONDOMINIUM G ASSOCIATION, Principal Place of Business Mailing Address 3100 PRUITT RD 3100 PRUITT RD PORT: ST LUCIE FL 34952 PORT ST LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2049891 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -VIRGINIA E. HEIMERDINGER Street Address (P.O. Box Number is Not Acceptable) JOHNSON, ELIZABETH 3100 PRUITT ROAD G108 3100 PRUITT ROAD G-203 PORT ST LUCIE EL 34952 Zip Code PORT ST. LUCIE FL 34952 349<u>5</u>2 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. VIRGINIA E. HEIMERDINGER of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VPD (9/01)Delete ☐ Change M Addition TITLE TITLE MAHONEY, MARTHA HEIMERDINGER, VIRGINIA E. NAME NAME 3100 PRUITT ROAD STREET ADDRESS STREET ADDRESS G-108 3100 PRUITT RD G-104 CITY-ST-ZIP CITY-ST-7IP PORT ST LUCIE, FL 34952 PT ST LUCIE FL 34952 **VPD** ☐ Change Addition TITLE **▼** Delete TITLE JOHNSON, ELIZABETH OTTO ROBERT NAME NAME 3100 PRUITT ROAD G-101 STREET ADDRESS 3100 PRUITT RD G-203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34952 PORT ST. LUCIE FL 34952 TITLE_ TITLE Addition Delete. MATTHEW, DAVID SERRA, ROSE NAME NAME STREET ADDRESS STREET ADDRESS 3100 PRUITT RD G-204 3100 PRUITT ROAD G-306 CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE FL 34952 PORT ST LUCIE FL 34952 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change _ ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.