

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007871

1. Entity Name

ST. JOSEPH'S ISLAND AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

4820 20TH AVE
VERO BEACH FL 32967

Mailing Address

4820 20TH AVE
VERO BEACH FL 32967

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

65-1062470

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

RULE, LISA A
4820 20TH AVE
VERO BEACH FL 32967

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 ☒ Delete
NAME SCHLITT, FRANK
STREET ADDRESS 3755 7TH TERRACE #301
CITY-ST-ZIP VERO BEACH FL 32960

TITLE DP ☐ Change ☒ Addition
NAME GATES, THOMAS U
STREET ADDRESS 4820 20th AVENUE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE VD ☐ Delete
NAME NORTH, ANNABEL
STREET ADDRESS 3755 7TH TERRACE #301
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE DST ☒ Delete
NAME SMITH, SAMMY
STREET ADDRESS 3755 7TH TERRACE #301
CITY-ST-ZIP VERO BEACH FL 32960

TITLE DST ☐ Change ☒ Addition
NAME CURCIO, BYRON
STREET ADDRESS 4820 20th AVENUE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE M ☐ Delete
NAME RULE, LISA A
STREET ADDRESS 4820 20TH AVE
CITY-ST-ZIP VERO BEACH FL 32967

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Lisa A. Rule
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

(772) 778-5943

Daytime Phone #

CR2E037 (9/01)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90141 036 ****61.25



DO NOT WRITE IN THIS SPACE