

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0076046

DOCUMENT # N00000007871

1. Entity Name

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



FILED

03 MAY -2 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☒ CHECK HERE IF MAKING CHANGES



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. 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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NORTH, ANNABEL	
STREET ADDRESS	3755 7TH TERRACE #301	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	M	<input type="checkbox"/> Delete
NAME	RULE, LISA A	
STREET ADDRESS	4820 20TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GATES, THOMAS U	
STREET ADDRESS	4820 20TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	CURCIO, BYRON	
STREET ADDRESS	4820 20TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, ANNABEL	
STREET ADDRESS	4820 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILIOS, ARTHUR	
STREET ADDRESS	4820 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JENNIFER	
STREET ADDRESS	4820 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RULE, LISA A.	
STREET ADDRESS	4820 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRE *Lisa A. Rule*

4/28/03 (772) 778-5943

CR2E037 (10/02)