

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90001 041 ****61.25

DOCUMENT # N00961

1. Entity Name

PARKVIEW OF STUART CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1290 SE PARKVIEWPLACE
 STUART FL 34994-5516**

Mailing Address

**P.O. BOX 150
 STUART FL 34995-0150**

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

59-2434420

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

**WRIGHT, ELLEN C
 611 S FEDERAL HWY STE C
 STUART FL 34994**

Name

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

Suite B

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCCORMACK, ROBERT 1291 SE PARKVIEW PL I-11 STUART FL 34994	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KANE, JAMES 1201 SE PARKVIEW PL G-11 STUART FL 34994	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANDWORKER, AL 1250 SE PARKVIEW PL., C-9 STUART FL 34994	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, CAROLINE 1271 SE PARKVIEW PL C-9 STUART FL 34994	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PICKARD, KENNETH 1271 PARKVIEW PL G-8 STUART FL 34994	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McClure, Sandra 1250 SE Parkview PL C10 Stuart, FL 34994	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kincade, Ben 1290 SE Parkview PL A3 Stuart, FL 34994	☐ 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: **SIGNATURE REQUIRED**

James Kane, Pres

2/2/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #