# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 15, 2002 8:00 am**
**Secretary of State**
02-15-2002 90021 020 ****61.25

DOCUMENT # N00961

1. Entity Name

PARKVIEW OF STUART CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1290 SE PARKVIEWPLACE<br>STUART FL 34994-5516 | P.O.BOX 150<br>STUART FL 34995 |

DO NOT WRITE IN THIS SPACE

| 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 |
|---|---|
| BURSON, ROBERT A PA<br>310 WEST FIRST STREET<br>STUART FL 34994 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | P<br>HOSANG, DONNA M<br>1250 SE PARKVIEW PL C2<br>STUART FL 34994 | ☐ Delete | STD<br>MARGARET HELM<br>1200 S.E. PARKVIEW PL #F5<br>STUART, FL. 34994 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~D~~<br>~~KANE, JAMES~~<br>~~1201 SE PARKVIEW PL G-11~~<br>~~STUART FL 34994~~ | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HANDWERKER, A M<br>1250 SE PARKVIEW PL., C-9<br>STUART FL 34994 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~STD~~<br>KLEIN, CAROLINE<br>1271 SE PARKVIEW PL H12<br>STUART FL 34994 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>MCCORMACK, ROBERT<br>1291 SE PARKVIEW PL #H-11<br>STUART FL 34994 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Donna M. Hosang REQUIRED Donna M. Hosang 1/29/02 561-219-1200 x304 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #