

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90087 014 ****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 34996

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
310 WEST FIRST STREET
STUART FL 34994

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 **P** ☒ **Delete**
NAME **HOSANG, DONNA M**
STREET ADDRESS **1250 SE PARKVIEW PL C2**
CITY-ST-ZIP **STUART FL 34994**

TITLE **VP, D** ☐ **Change** ☒ **Addition**
NAME **Peter Bynd**
STREET ADDRESS **1210 SE Parkview Pl #E-9**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **D** ☐ **Delete**
NAME **HANDWERKER, A M**
STREET ADDRESS **1250 SE PARKVIEW PL, C-9**
CITY-ST-ZIP **STUART FL 34994**

TITLE **T D** ☒ **Change** ☐ **Addition**
NAME **Handwerker, A.M.**
STREET ADDRESS **1250 SE Parkview Pl, c-9**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **STD** ☐ **Delete**
NAME **KLEIN, CAROLINE**
STREET ADDRESS **1271 SE PARKVIEW PL H12**
CITY-ST-ZIP **STUART FL 34994**

TITLE **S, D** ☒ **Change** ☐ **Addition**
NAME **Klein, Caroline**
STREET ADDRESS **1271 SE Parkview PL., H-12**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **DVP** ☐ **Delete**
NAME **MCCORMACK, ROBERT**
STREET ADDRESS **1291 SE PARKVIEW PL #H-11**
CITY-ST-ZIP **STUART FL 34994**

TITLE **S, D** ☒ **Change** ☐ **Addition**
NAME **McCormack, Robert**
STREET ADDRESS **1291 SE Parkview PL, I-11**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **STD** ☐ **Delete**
NAME **MARGARET, HELM**
STREET ADDRESS **1200 SW PARKVIEW PL F5**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **Helm, Margaret**
STREET ADDRESS **1200 SE Parkview PL, F-5**
CITY-ST-ZIP **Stuart, FL 34994**

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)(f), 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:

CAROLINE KLEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/03 561-655-2250

CR2E037 (10/02)