

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90106 029 \*\*\*\*61.25

**DOCUMENT # N01000001058**

1. Entity Name

**TREASURE COAST OF FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS,**

Principal Place of Business

Mailing Address

**413 NW CANNA WAY  
 JENSEN BEACH FL 34957**

**413 NW CANNA WAY  
 JENSEN BEACH FL 34957**

2. Principal Place of Business

**3224 NE HOLLY CREEK DR.**

3. Mailing Address

**PO BOX 1352**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JENSEN BEACH, FL.**

City & State

**JENSEN BEACH, FL.**

Zip

Country

**34957**

**MARTIN**

Zip

Country

**34958**

**MARTIN**

4. FEI Number

**145-30-8194**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEIST, H. ANTHONY  
 1661 ESTERO BLVD STE 20  
 FT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete  
 NAME **SCHULMAN, LEE**  
 STREET ADDRESS **413 NW CANNA WAY**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☐ Delete  
 NAME **GERDES, BRENDA**  
 STREET ADDRESS **3727 SE OCEAN BLVD STE 200**  
 CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Delete  
 NAME **CORCORAN, KATHLEEN**  
 STREET ADDRESS **2355 SE SEAFURY LN**  
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **D** ☐ Delete  
 NAME **ANSARA, RON**  
 STREET ADDRESS **2731 SE MORNINGSIDE BLVD**  
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **TREAS.** ☐ Delete  
 NAME **NANCY B. GREENE**  
 STREET ADDRESS **3224 NE HOLLY CREEK DR.**  
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREAS. - D** ☐ Change ☒ Addition  
 NAME **NANCY B. GREENE**  
 STREET ADDRESS **3224 NE HOLLY CREEK DR.**  
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)