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

## DOCUMENT # N01000004488

1. Entity Name

MAIN STREET VILLAGE ASSOCIATION, INC.



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90208 001 \*\*\*420.00

						Sec. 1	<b>1</b> 1						
Principal Place of Business				Mailing Address					•	551112	7 L T		
2160 N.W. RESERVE PARK TRACE PORT ST. LUCIE FL 34986				2160 N.W. RESERVE PARK TRACE PORT ST. LUCIE FL 34986				550U3454					
2. Principal F	Place of Busir	ness	3. Ma	ailing Address	<del>.</del>								
				, or maining, leavess				T CONTAIN OUT COLOR FIGUR COULD GETTE CONTAINED FOR COLOR CLOSE TAKES 1911 1995					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEi Number 65-1115963 Applied For Not Applicable					
Zip Country			Z	ΙP	ıntry		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						- 7. Name and Address of New Registered Agent							
						William K. Isancson							
CSAPO, JOHN ´						Street Address (P.O. Box Number is Not Acceptable)							
150 E. PALMETTO PARK ROAD, SUITE 330				21045				Commencial TEAIL					
BOCA RA	ATON FL 33	432										ĺ	
						CityRo	C IA	Raton		FL 2	Zip Code	86	
8. The above	named entit	submits this statement	for the pur	oose of changing its r	register				e State of Florida.	I am famili			
the obligat	tions of egist	ered agent.											
	6	جو ي											
SIGNATURE .	Signature, typed	or printed nume of registered age	nt and title if ac	plicable. (NOTE:	: Registere	d Agent signature	required	when reinstating)		DATE		<del></del>	
				<u> </u>				<u> </u>					
9. Election Camp						inancino		¢5 00	Make (	heck Pa	vahla	to	
FILE NOW: FEE IS \$61.25  Trust Fund								\$5.00 May Be Added to Fees	Florida D				
<u> </u>										•			
10.	T	OFFICERS AND D	PIRECTORS	<del></del>	11.		Α	DDITIONS/CHANGES	TO OFFICERS A	ND DIRECT	ORS IN	10	
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iame- Street address 1	CSAPO, J	uhn   Reserve Park Tr/	CE		NAM	E Et address							
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ITY-ST-ZIP						ET ADDRESS ST-ZIP							
	ertify that the	information supplied wi	th this filing	does not qualify for t			l in Sec	tion 119 07(3)(i) Florid	ta Statutae i furth	or cortify th	at the in	formation	

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 eighnowered 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:

SIC SICE QUIRED