

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/9/01

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90040 014 \*\*\*\*61.25

**DOCUMENT # NO1000008643**

1. Entity Name

**ST. LUCIE POND ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1626 SW BILTMORE STREET  
 PORT ST. LUCIE FL 34984

1626 SW BILTMORE STREET  
 PORT ST. LUCIE FL 34984

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAVARETTA, STEPHEN ESQ.**  
**1100 S.W. ST. LUCIE WEST BOULEVARD**  
**SUITE 203**  
**PORT ST. LUCIE FL 34988**

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	President	<input checked="" type="checkbox"/> Delete
NAME	Jamie Heissenberg	
STREET ADDRESS	1626 S.W. Biltmore Street	
CITY-ST-ZIP	Port St. Lucie, FL 34984	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	James Webster	
STREET ADDRESS	9345 S.W. 142nd St.	
CITY-ST-ZIP	Miami, Florida 33176	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Cathy Stan JSD	
STREET ADDRESS	945 Wagner Place	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jamie Heissenberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jamie Heissenberg

3/27/02 (772) 871-1915  
 Date Daytime Phone #

CR2E037 (9/01)