

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/3

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90155 050 \*\*\*\*61.25

**DOCUMENT # N03953**

1. Entry Name

**MIDPORT PLACE MASTER ASSOCIATION, INC.**

Principal Place of Business

1509 S.E. ROYAL GREEN CIRCLE  
 PORT ST. LUCIE FL 34952

Mailing Address

1509 S.E. ROYAL GREEN CIRCLE  
 PORT ST. LUCIE FL 34952-7625

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

**59-2459659**

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

**ROSENDALE, ROBERT K  
 1901 SW OAKWOOD RD  
 PORT ST. LUCIE FL 34953**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME ROSENDALE, ROBERT K  
 STREET ADDRESS 1901 SW OAKWOOD RD  
 CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE VPD ☒ Delete  
 NAME BRAUN, JOSEPH W JR  
 STREET ADDRESS 9950 S. OCEAN DR., #204  
 CITY-ST-ZIP JENSEN BCH FL 34957

TITLE STD ☐ Delete  
 NAME SAVINI, ANNA L  
 STREET ADDRESS 28840 SW BRIGHTON WAY  
 CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☒ Addition  
 NAME NANCY ANNE M. NOONE  
 STREET ADDRESS 1526 S.E. ROYAL GREEN CIR L-108  
 CITY-ST-ZIP Port St. Lucie, FL 34952

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:

**SIG. Robert K. Rosendale (PRES) 3/28/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #