

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03953

1. Entity 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

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

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

7. Name and Address of New Registered Agent

Name ANNA L. SAVINI
Street Address (P.O. Box Number is Not Acceptable) 2884 SW BRIGHTON WAY
City PALM CITY FL Zip Code 34990

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

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

TITLE STD
NAME SAVINI, ANNA L
STREET ADDRESS 2884 SW BRIGHTON WAY
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director
NAME ROSENDALE, ROBERT
STREET ADDRESS 1901 SW OAKWOOD RD
CITY-ST-ZIP PORT ST LUCIE, FL 34953 ☒ Change ☐ Addition

TITLE TRES/ Sec.
NAME GUZZI, TRACY
STREET ADDRESS 10725 S. OCEAN DR.
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☒ Change ☒ Addition

TITLE PRESIDENT
NAME ANNA L. SAVINI
STREET ADDRESS 2884 S.W. BRIGHTON WAY.
CITY-ST-ZIP PALM CITY FL 34990 ☒ Change ☐ Addition

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

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

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

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 #

561-331-4482



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)