

# 2002 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

7. Name and Address of New Registered Agent

SAVINI, ANNA  
2884 SW BRIGHTON WAY  
PALM CITY FL 34990

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

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

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

TITLE DIRECTOR  
NAME NANCY NOONE  
STREET ADDRESS 1526 SW ROYAL GREEN CIRCLE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952 ☐ Change ☒ Addition

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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Anna Savini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02

561-337-4482

Date

Daytime Phone #

CR2E037 (9/01)