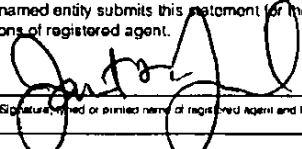
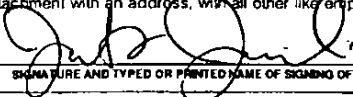


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-01-2007 90011 031 ****61.25

DOCUMENT # N06000003798 1. Entity Name STUART AIRPORT BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % CHRISTENSON COMMERCIAL 759 S FEDERAL HIGHWAY, SUITE 304 STUART FL 34994			Mailing Address % CHRISTENSON COMMERCIAL 759 S FEDERAL HIGHWAY, SUITE 304 STUART FL 34994		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E037 (10/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-480344				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TALCOTT, LELAND H 701 S.W. 17TH STREET BOCA RATON FL 33486			7. Name and Address of New Registered Agent Name Janet L. Jaworski Street Address (P.O. Box Number is Not Acceptable) 2409 SE Dixie Hwy. STUART City Stuart FL Zip Code 34996		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2/20/07 Signature of registered agent or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TALCOTT, LELAND H 701 S.W. 17TH STREET BOCA RATON FL 33486	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Derrick Christenson 759 S. Federal Hwy., Ste 302 Stuart, FL 34994	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MONTESANTO, JOHN 13350 FOXMOOR TRAIL CHESTERLAND OH 44026	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President John Zervopoulos 2409 SE Dixie Hwy Stuart, FL 34996	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OLIVER, JOHN 13951 U.S. HIGHWAY 1 JUNO BEACH FL 33408	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Janet L. Jaworski 2409 SE Dixie Hwy Stuart, FL 34996	☐ 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 NAME 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 exemptions contained in Section 119, 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:  Janet L. Jaworski 2/20/07 770-463-0500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

106007158
N06000003798

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-4803464 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested <u>Stuart Airport Business Park Condominium Association Inc</u>				
2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name <u>Christenson Commercial</u>		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>799 South Federal Highway Suite 304</u>		5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code <u>Stuart FL 34994</u>		5b City, state, and ZIP code		
6* County and state where principal business is located <u>County Martin State FL</u>				
7a Name of principal officer, general partner, grantor, owner, or trustee		7b SSN, TIN, EIN		
8a* Type of entity (check only one) ☐ Sole Proprietor (SSN) ☐ Partnership ☐ Corporation (enter form number to be filed) ▶ ☐ Personal Service ☐ Church or church-controlled organization ☒ Other nonprofit organization (specify) ▶ <u>Condominium Assoc</u> ☐ Other (specify) ▶		☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Trust (SSN of grantor) ☐ National Guard ☐ Farmers' cooperative ☐ REMIC ☐ State/local government ☐ Federal government/military ☐ Indian tribal government/enterprises Group Exemption No. (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <u>FL</u> Foreign country		
9* Reason for applying (check only one) ☒ Started new business (specify type) ▶ <u>Condominium</u> ☐ Hired employees (Check the box and see line 12) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶		☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) <u>APR 5 2006</u>		11 Closing month of accounting year		
12 First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>				
13 Highest number of employees expected in the next twelve months. <i>Note: If the applicant does not expect to have any employees during the period, enter "0."</i>		Agriculture	Household	Other
		<u>0</u>	<u>0</u>	<u>0</u>
14* Check box that best describes the principal activity of your business		☐ Health care & social assistance ☐ Accommodation & food service ☐ Retail		
☐ Construction ☒ Real estate ☐ Other (specify)		☐ Wholesale-agent/broker ☐ Wholesale-other		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>Condominium Association</u>				
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes ☐ No ☒ <i>Note: If "Yes" please complete lines 16b and 16c</i>				
16c If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Trade name ▶				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		Previous EIN		
Approximate date when filed (month, day, year)		City and state where filed		
Complete section only if you want to authorize the named individual to receive the entity's EIN, and answer questions about the completion of this form.				
Third Party Designee	Designee's name		Designee's telephone number (include area code)	
	Address and ZIP code		() - Designee's fax number (include area code) () -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete. Name and title (type or print clearly)				
Applicant's telephone number (include area code)				