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	Mailing Address
% CHRISTENSON COMMERCIAL 759 S FEDERAL HIGHWAY, SUITE 304 STUART FL 34994	% CHRISTENSON COMMERCIAL 759 S FEDERAL HIGHWAY, SUITE 304 STUART FL 34994

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4803464 ☐ 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
TALCOTT, LELAND H 701 S.W. 17TH STREET BOCA RATON FL 33486	Name: Janet L. Jaworski Street Address (P.O. Box Number is Not Acceptable): 2409 SE Dixie Hwy. 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 _____ 2/20/07
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
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 Zervopolous 2287 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 2/20/07 772-463-6810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 160007188
#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
Stuart Airport Business Park Condominium Association Inc

2 Trade name of business (if different from name on line 1)	3* Executor, trustee, "care of" name Christenson Commercial
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 759 South Federal Highway Suite 304	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code Stuart FL 34994 -	5b City, state, and ZIP code -
6* County and state where principal business is located County Martin State FL	
7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, 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) ▶ Condominium Assoc
- ☐ 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 governments/enterprises

Group Exemption No. (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country

9* Reason for applying (check only one)
- ☑ Started new business (specify type) ▶ Condominium
- ☐ 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) APR 5 2006	11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year). *Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (month, day, year) ▶

13 Highest number of employees expected in the next twelve months. *Note: If the applicant does not expect to have any employees during the period, enter "-0-".* ▶	Agriculture 0	Household 0	Other 0

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☑ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Retail
- ☐ Wholesale-other
- ☐ Other (specify)

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Condominium Association

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: If "Yes," please complete lines 16b and 16c.

16b 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. Approximate date when filed (month, day, year)	City and state where filed	Previous EIN -

Third Party Designee	Complete this 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. Designee's name / Address and ZIP code -	Designee's telephone number (include area 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)