

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N07364**

1. Entity Name  
149 FERN STREET OWNERS ASSOCIATION, INC.



Principal Place of Business

149 FERN STREET  
SUITE 1  
JUPITER, FL 33458

Mailing Address

149 FERN STREET  
SUITE 1  
JUPITER, FL 33458

**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-NP

CR2EQ37 (10/03)

4. FEI Number

59-2549655

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACARI, STEPHEN J  
18561 LAKESIDE GARDENS DRIVE  
JUPITER, FL 33458

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MACARI, STEPHEN
STREET ADDRESS	18561 LAKESIDE GARDENS DR
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	D
NAME	MACARI, LORI
STREET ADDRESS	18561 LAKESIDE GARDENS DRIVE
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000163974  
07/07/04-80026-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 #