

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18688

1. Entity Name

FRANKLIN WOOD PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90048 034 \*\*\*\*61.25

Principal Place of Business % CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33455	Mailing Address % CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33455-6159
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Concept Mgmt. Service Suite, Apt. #, etc. 400 Toney Penna Drive	3. Mailing Address C/O Concept Mgmt. Service Suite, Apt. #, etc. 400 Toney Penna Drive
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City & State Jupiter Florida	City & State Jupiter Florida	4. FEI Number 65-0223384	Applied For Not Applicable
Zip 33458	Country USA	Zip 33458	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 CORNETT, JANE L. ESQ.  
 % WACKEEN CORNETT & GOOGE  
 401 E OSCEOLA STREET 1ST FLOOR  
 STUART FL 34995

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	STD RUDTKE, HELEN 5882 SE FRANKLIN PLACE HOBE SOUND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANFUSO, FRANK 5918 SE FRANKLIN PLACE HOBE SOUND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, RUTH 5858 SE FRANKLIN PLACE HOBE SOUND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, MARY 5870 SE FRANKLIN PL HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORHOUSE, MARGARET 5942 SE FRANKLIN PLACE HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Margaret Moorehouse 5942 SE Franklin Place Hobe Sound, FL. 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Helen Rudtke 5882 SE Franklin Place Hobe Sound, FL. 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Frank Anfuso 5918 SE Franklin Place Hobe Sound, FL. 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carol Sweeney 5894 SE Franklin Place Hobe Sound, FL. 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Ruth Taylor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUTH TAYLOR

04-17-00  
 Date

(561) 745-7565  
 Daytime Phone #

CR2E037 (9/99)