

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90003 018 ****61.25

DOCUMENT # N18688

1. Entity Name

FRANKLIN WOOD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CONCEPT MANAGEMENT SERVICE
 400 TONEY PENNA DRIVE
 JUPITER FL 33458

% CONCEPT MANAGEMENT SERVICE
 400 TONEY PENNA DRIVE
 JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

FRANKLIN WOOD
 Suite, Apt. #, etc.

5906 SE FRANKLIN PL
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0223384

Applied For

Not Applicable

Zip

Country

Zip

Country

33455

USA

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

CORNETT, JANE L. ESQ.
% WACKEEN CORNETT & GOOGE
401 E OSCEOLA STREET 1ST FLOOR
STUART FL 34995

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 Delete
 NAME **DV MOOREHOUSE, MARGARET**
 STREET ADDRESS **5942 SE FRANKLIN PLACE**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP BERMAN, SAM**
 STREET ADDRESS **5906 SE FRANKLIN PL**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT MASTERPOLE, PAT**
 STREET ADDRESS **6098 SE FRANKLIN PL**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SWEENEY, CAROL**
 STREET ADDRESS **5894 SE FRANKLIN PL**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEACH, BILL**
 STREET ADDRESS **5930 SE FRANKLIN PL**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED**

1-30-02 **561 545 7435**

CR2E037 (9/01)