

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90407 035 ****61.25

DOCUMENT # N18688

1. Entity Name
FRANKLIN WOOD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**FRANKLIN WOOD
5906 S E FRANKLIN PL
HOBE SOUND FL 33455**

Mailing Address
**FRANKLIN WOOD
5906 S E FRANKLIN PL
HOBE SOUND FL 33455**

2. Principal Place of Business

3. Mailing Address

6086 SE FRANKLIN PL. 6086 SE FRANKLIN PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
HOBE SOUND, FL.

City & State
HOBE SOUND, FL.

4. FEI Number **65-0223384**

Applied For
 Not Applicable

Zip
33455

Country

Zip
33455

Country

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.
% WACKEN 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOOREHOUSE, MARGARET 5942 SE FRANKLIN PLACE HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERMAN, SAM 5906 SE FRANKLIN PL HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASTERPOLE, PAT 6098 SE FRANKLIN PL HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SWEENEY, CAROL 5894 SE FRANKLIN PL HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACH, BILL 5930 SE FRANKLIN PL HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRACEY, William J. 5990 SE Franklin Place Hobe Sound FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANK CERVASIO 6086 SE FRANKLIN PL. HOBE SOUND FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LINDA MASTERPOLE 6098 SE FRANKLIN PL. Hobe Sound FL 33455	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BILL LEACH 5930 S.E. FRANKLIN PL HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Darrel Markin 5954 SE Franklin Pl. Hobe Sound, FL 33455	<input type="checkbox"/> Change <input 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)(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: **FRANK CERVASIO (PRES) 4/7/03 (72) 546-6735**

CR2E037 (10/02)