

2000 UNIFORM BUSINESS REPORT (UBR)

4/25/

FILED
May 18, 2000 8:00 am
Secretary of State

04-25-2000 90041 003 ****61.25

DOCUMENT # N25597

1. Entity Name

ST. DAVID'S ISLAND PROPERTY OWNERS ASSOCIATION.

Principal Place of Business

Mailing Address

4820 20TH AVENUE
 VERO BEACH FL 32967

4820 20TH AVENUE
 VERO BEACH FL 32967-1511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0125303

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

HEBERLING, LYNN M.
 4820 20TH AVENUE
 VERO BEACH FL 32967

Name

RULE, LISA A.

Street Address (P.O. Box Number is Not Acceptable)

4820 20TH AVENUE

City

VERO BEACH

FL

Zip Code
 32967

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 reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	D KOPP, GEORGE A 4820 20TH AVE. VERO BEACH FL 32967	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FAVA, D 4820 20TH AVE VERO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ADDIS, R 4820 20TH AVENUE VERO BEACH FL 32967	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, SALLY 4820 20TH AVENUE VERO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HEBERLING, LYNN M 4820 20TH AVE VERO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OLSEN, W 4820 20TH AVE VERO BCH FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benjamin, Elizabeth 4820 20TH AVE VERO BEACH, FL 32967	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAXWELL III, JAMES R. 4820 20TH AVE VERO BEACH, FL 32967	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAYNE, BETTY 4820 20TH AVE VERO BEACH, FL 32967	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BUTTS, THOMAS L. 4820 20TH AVE VERO BEACH, FL 32967	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RULE, LISA A. 4820 20th AVE VERO BEACH, FL 32967	☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (561) 778-5943

Date

Daytime Phone #

CR2E037 (9/99)