2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
03-22-2002 90026 046 ****61.25

DOCUMENT # N25597

1. Entity Name

ST. DAVID'S ISLAND PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4820 20TH AVENUE VERO BEACH FL 32967	4820 20TH AVENUE VERO BEACH FL 32967

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 Vista Royale Blvd. Suite, Apt. #, etc.	100 Vista Royale Blvd. Suite, Apt. #, etc.
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32962 Country: US	Zip: 32962 Country: US

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
RULE, LISA A 4820 20TH AVENUE VERO BEACH FL 32967	Name: Alan P. Romano Street Address (P.O. Box Number is Not Acceptable): 100 Vista Royale Blvd. City: Vero Beach, FL **FL** Zip Code: 32962

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: Alan P. Romano Alan P. Romano 2.26.02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BENJAMIN, ELIZABETH 4820 20TH AVE VERO BEACH FL 32967	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FAVA, RICHARD 4820 20TH AVE VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MAXWELL, JAMES R III 4820 20TH AVENUE VERO BEACH FL 32967	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Edwards, Dr. Garry 100 Vista Royale Blvd. Vero Beach, FL 32962	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MACLEAN, CARYL 4820 20TH AVENUE VERO BEACH FL 32967	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M RULE, LISA 4820 20TH AVE VERO BEACH FL 32967	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Romano, Alan P. 100 Vista Royale Blvd. Vero Beach, FL 32962	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAFOLLA, RICHARD 4820 20TH AVE VERO BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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] SIGNATURE REQUIRED 3/5/02 561-562-9031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #