*2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N29277

1. Entity Name
STUART HERITAGE, INC.

Principal Place of Business	Mailing Address
161 S.W FLAGLER AVE STUART, FL 34994	161 S.W FLAGLER AVE STUART, FL 34994

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04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0087566

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAWICKI CHRISTINE K
3993 SE OLD LUCIE BLVD
STUART, FL 34996

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BYRON MCCARTNEY
STREET ADDRESS	2365 SE COUNTRY CLUB LANE
CITY-ST-ZIP	STUART, FL
TITLE	D
NAME	TOLEY ENGEBRESTSEN
STREET ADDRESS	409 NW RIVER DR.
CITY-ST-ZIP	STUART, FL
TITLE	SD
NAME	DONNA TEUSCHER
STREET ADDRESS	6061 SE MARTINIQUE DR., #103
CITY-ST-ZIP	STUART, FL
TITLE	TD
NAME	JACOBY, CHARLES R
STREET ADDRESS	711 SW SOUTH RIVER DRIVE #206
CITY-ST-ZIP	STUART, FL 34997
TITLE	PD
NAME	SAWICKI, CHRISTINE K
STREET ADDRESS	3993 SE OLD ST LUCIE BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80097-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Christine K Sawicki CHRISTINE K SAWICKI 4.18.06 772-220-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President / Board of Director