

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2007 8:00 am
Secretary of State

07-20-2007 90017 033 ****61.25

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2nd MOORE CR2E037 (4/07)

DOCUMENT # N29277 1. Entity Name STUART HERITAGE, INC.					
Principal Place of Business 161 S.W FLAGLER AVE STUART FL 34994			Mailing Address 161 S.W FLAGLER AVE STUART FL 34994		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 65-0087566	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAWICK, CHRISTINE K 3993 SE OLD LUCIE BLVD STUART FL 34996			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> SIGNATURE <i>Christine K Sawicki</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="text-align: center;"> CHRISTINE K SAWICKI <small>(NOTE: Registered Agent signature required when re-appointing)</small> </div> <div style="text-align: center;"> 7.17.07 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By: September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD BYRON MCCARTNEY 2365 SE COUNTRY CLUB LANE STUART FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLEY ENGBRETSSEN 409 NW RIVER DR. STUART FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONNA TEUSCHER 6061 SE MARTINIQUE DR., #103 STUART FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBY, CHARLES R 711 SW SOUTH RIVER DRIVE #206 STUART FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CATHERINE MCCARTNEY 2365 SE COUNTRY CLUB LANE STUART, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAWICKI, CHRISTINE K 3993 SE OLD ST LUCIE BLVD STUART FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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: <i>Christine K Sawicki</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/22/07 <small>Date</small>		77220-4660 <small>Daytime Phone #</small>