

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90020 022 ****61.25

DOCUMENT # N33208 1. Entity Name SOUTH FORK ESTATES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 130 COMMERCE LANE SUITE 1 JUPITER, FL 33458			Mailing Address 130 COMMERCE LANE SUITE 1 JUPITER, FL 33458		
2. Principal Place of Business 735 Colorado Ave Suite, Apt. #, etc. #3 City & State STUART FL Zip 34994 Country USA		3. Mailing Address 735 Colorado Ave Suite, Apt. #, etc. #3 City & State STUART FL Zip 34994 Country USA			
4. FEI Number 65-0272128				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRISTOL MANAGEMENT 759 SOUTH FEDERAL HWY. STE. 212 STUART, FL 34994			7. Name and Address of New Registered Agent Name BRISTOL Management Street Address (P.O. Box Number is Not Acceptable) 735 Colorado Ave #3 City STUART FL Zip Code 34994		
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 <u>Alicia Mundt, Diane MUNDT, Property Manager</u> 5/8/06 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	
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	SD TRAVIS, CHRIS 405 SE ASHLEY OAKS WAY STUART, FL 34997	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Scott Heiniger 3585 SE Ashley Oaks Way STUART FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCQUSARY, JENNIFER 709 SE ASHLEY OAKS WAY STUART, FL 34997	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director CARL Sholtes 864 SE Waterside Way STUART FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARKE, MICHELLE 735 SE MISTY MEADOW WAY STUART, FL 34997	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEEMAN, MARTHA 863 SE WATERSIDE WAY STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OVERBYE, ERIKA 534 SE ASHLEY OAKS WAY STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VASQUEZ, CHARLENE 613 SE ASHLEY OAKEA WAY STUART, FL 34997	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Everett Phlipot</u> 4/27/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					