

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. N38103

1. Entity Name

RASTRELLI'S ROOST PROPERTY OWNERS ASSOCIATION, I

Principal Place of Business

5505 SE AULT
STUART FL 34997

Mailing Address

5505 SE AULT
STUART FL 34997

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

65-0342849

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

RASTRELLI, MARLENE
5505 SE AULT AVE
STUART FL 34997

Name

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

City

FL

Zip Code

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

(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 PD
NAME RASTRELLI, ALFRED J. ☐ Delete
STREET ADDRESS 5505 SE AULT
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VST
NAME RASTRELLI, MARLENE ☐ Delete
STREET ADDRESS 5505 SE AULT
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RASTRELLI, MARLENE ☐ Delete
STREET ADDRESS 5505 SE AULT
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RASTRELLI, VERA ☐ Delete
STREET ADDRESS 5055 SE AULT AVE.
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90188 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

4-30-01 561-283-2592