

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45175

1. Entity Name

WATER TOWER HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 045 ****61.25

Principal Place of Business

Mailing Address

1641 E 11TH STREET
STUART FL 34996
US

1641 E 11TH STREET
STUART FL 34996-5811

2. Principal Place of Business

1375 SE St. Lucie Blvd

3. Mailing Address

P.O. Box 104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart Florida

4. FEI Number

65-0294180

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

34995

Country

USA

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

RUTLAND, LEONARD JR.
759 SOUTH FEDERAL HIGHWAY
SUITE 303
STUART FL 34994

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 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
VD
SUDANO, ROBERT
13705 SE INDIAN RIVER DR
JENSEN BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ADDEO, WILLIAM H.
88 TUTHILL RD
MONTAUK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1375 SE St. Lucie Blvd
Stuart, Florida 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADDEO, USA
88 TUTHILL RD
MONTAUK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1375 SE St. Lucie Blvd
Stuart, FL 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/00 212-849-6600

CR2E037 (9/99)