

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001781

1. Entity Name

FOUNDATION PARK PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

250 COMMUNITY COLLEGE PKWY
PALM BAY FL 32909
US

1519 CLEARLAKE RD.
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3325790

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

Name

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

City

FL

Zip Code

MATHENY, JOE S
355 INDIAN RIVER AVE.
TITUSVILLE FL 32780

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	Delete
CD	STUHLMEYER, ROBERT	1800 PENN ST., STE. 3	MELBOURNE FL 32901	<input type="checkbox"/>
D	MARTINEZ, MIRIAM E	1025 W. NASA BLVD., MS 300	MELBOURNE FL 32919	<input type="checkbox"/>
D	BROOM, MEL	760 MONCLAIR RD., NE	PALM BAY FL 32905	<input type="checkbox"/>
D	SIMON, HANK	1153 MALABAR RD., SE	PALM BAY FL 32907	<input type="checkbox"/>
D	WILLIAMS, MIKE	2287 W. EAU GALLIE BLVD., STE. A	MELBOURNE FL 32935	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PAID
MAR 03 2000

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

Robert Stuhlmiller
Chairperson

2/23/00

(321)632-1111

Date

Daytime Phone #

CR2E037 (9/99)