

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90117 011 ****61.25

DOCUMENT # N98000004184

1. Entity Name

SAILFISH SQUARES INC.



Principal Place of Business

**WOMENS CLUB OF STUART
729 E. OCEAN BLVD
STUART FL 34996**

Mailing Address

**56 AQUA RA DRIVE
JENSEN BEACH FL 34957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WARREN, THEA
4667 SE BALSABOARD TER
STUART FL 34997**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thea Warren

Signature, typed or printed name of registered agent and title if applicable.

Thea Warren

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

FILE NOW: FEE IS \$61.25

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

TITLE **DP** ☒ Delete
NAME **KLOPP, CLARENCE**
STREET ADDRESS **7083 SE YELLOWOOD LANE**
CITY-ST-ZIP **STUART FL 34997**

TITLE **VPD** ☒ Delete
NAME **WARD, ROBERT**
STREET ADDRESS **1800 SE ST LUCIE BLVD #12-101**
CITY-ST-ZIP **STUART FL 34996**

TITLE **VP** ☒ Delete
NAME **WARD, ROBERT**
STREET ADDRESS **1800 SE ST. LUCIE BLVD #12-101**
CITY-ST-ZIP **STUART FL 34996**

TITLE **TD** ☐ Delete
NAME **WARREN, THEA**
STREET ADDRESS **4667 SE BALSABOARD TER**
CITY-ST-ZIP **STUART FL 34997**

TITLE **S** ☐ Delete
NAME **TALLMAN, WANDA**
STREET ADDRESS **9272 DUNCAN ST**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **Ward Robert**
STREET ADDRESS **1800 S.E. St. Lucie Blvd #12-101**
CITY-ST-ZIP **Stuart FL 34996**

TITLE **VDP** ☒ Change ☐ Addition
NAME **Couture, Carol**
STREET ADDRESS **56 Aqua Ra Drive**
CITY-ST-ZIP **Jensen Beach FL 34957**

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

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

TITLE ☐ Change ☐ Addition
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:

Thea Warren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/03

Daytime Phone #

772-219-8835

CR2E037 (10/02)