

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90052 018 ****61.25

DOCUMENT # N99000003859

1. Entity Name

VISTA COMMONS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

875 SE MONTEREY COMMONS BLVD
STUART FL 34996

875 SE MONTEREY COMMONS BLVD
STUART FL 34996

2. Principal Place of Business

3. Mailing Address

2090 NW FED HWY
Suite, Apt. #, etc.

2090 NW FED HWY
Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

4. FEI Number

65-1086710
APPLIED FOR

Applied For

Not Applicable

Zip

34994

Country

MARTIN

Zip

34994

Country

MARTIN

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, M LANNING
1100 S FEDERAL HWY
STUART FL 34994

7. Name and Address of New Registered Agent

Name: TERENCE P. MCCARTHY

Street Address (P.O. Box Number Not Acceptable): 2400 S.E. FEDERAL HWY
FOURTH FLOOR

City: STUART

FL

Zip: 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.

SIGNATURE

Terence P. McCarthy

2/18/02

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

TITLE NAME	PD BRUNER, JAMES K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	875 SE MONTEREY COMMONS BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME	STD BRUNER, JEFFREY C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	875 SE MONTEREY COMMONS BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME	D RINKER, LAINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	875 SE MONTEREY COMMONS BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PTD WENDY H. WOMBLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2090 NW FED HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	SD JOHN CAMARA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2090 NW FED HWY	
CITY-ST-ZIP	STUART, FL 34994	
TITLE NAME	D DANIEL J. LUNDSTROM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1990 N.W. FED HWY	
CITY-ST-ZIP	STUART, FL 34994	
TITLE NAME	D RON BOLDING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	581 CIDCO. ROAD	
CITY-ST-ZIP	COCOA, FL 32936	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

WENDY H. WOMBLE
Wendy H. Womble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2002 156118121960

CR2E037 (9/01)