

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90039 015 \*\*\*150.00

**DOCUMENT # P00000083238**

1. Entity Name  
**THE PLACE AT STUART, INC.**



Principal Place of Business  
**860 SE CENTRAL PARKWAY  
STUART, FL 34994**

Mailing Address  
**860 SE CENTRAL PARKWAY  
STUART, FL 34994**

**50002136**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1037312**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	STRAWN, STEVE
STREET ADDRESS	910 SPRING PARK ST #303
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	P
NAME	PHARO, JAN
STREET ADDRESS	860 SE CENTRAL PARKWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	BEECHER, MERY
STREET ADDRESS	860 SE CENTRAL PARKWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	DANIEL TOBIASZ
STREET ADDRESS	860 SE CENTRAL PKWY
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:**

*Jan Pharo* **Jan Pharo President**

**3-12-08**

**772-287-9909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #