

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752822

Entity Name: THE STUART WEST PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986**Current Mailing Address:**C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 US**FEI Number:** 65-0178029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS EARLE & BONAN, P.A.
789 S FEDERAL HIGHWAY - SUITE 101
STUART, FL 34994 US*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:** DEBORAH ROSS

02/22/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KNIPPER, ROBERT
Address C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title VICE PRESIDENT
Name JOHNSON, GARY
Address C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER/SECRETARY
Name TROUBA, WANDA
Address C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name PAMEIJER, CORNELIUS
Address C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name RICKER, RANDALL
Address C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name CALABRESE, DONNA
Address C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name MILLER, EDDIE
Address C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT KNIPPER

PRESIDENT

02/22/2023

Electronic Signature of Signing Officer/Director Detail

Date