

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 752822

Entity Name: THE STUART WEST PROPERTY OWNERS ASSOCIATION, INC.

FILED
Aug 20, 2025
Secretary of State
4697275473CC

Current Principal Place of Business:

C/O WATSON ASSOCIATION MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952

Current Mailing Address:

C/O WATSON ASSOCIATION MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

FEI Number: 65-0178029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON ASSOCIATION MANAGEMENT, LLC
C/O WATSON ASSOCIATION MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 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: MICHELLE A FIGUEROA

08/20/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PAMEIJER, CORNELIS
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name BYRNE, VICKI
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name TROUBA, WANDA
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST LUCIE FL 34952

Title TREASURER AND SECRETARY
Name TOUSSAINT, RORY
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name HAINES, KENNETH
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name MILLER, EDWARD
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST LUCIE FL 34952

Title VP
Name GRAF, LLOYD
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST LUCIE FL 34952

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: CORNELIS PAMEIJER

PRESIDENT

08/20/2025

