## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 752822** 

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

FILED
Mar 26, 2024
Secretary of State
5560883840CC

## **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 03/26/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VICE PRESIDENT

Name KNIPPER, ROBERT Name RICKER, RANDALL

Address C/O WATSON ASSOCIATION Address C/O WATSON ASSOCIATION

MANAGEMENT, LLC MANAGEMENT, LLC

1648 SE PORT ST LUCIE BLVD 1648 SE PORT ST LUCIE BLVD

City-State-Zip: PORT ST LUCIE FL 34952 City-State-Zip: PORT ST LUCIE FL 34952

Title TREASURER/SECRETARY Title DIRECTOR

Name TROUBA, WANDA Name PAMEIJER, CORNELIUS

Address C/O WATSON ASSOCIATION Address C/O WATSON ASSOCIATION

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1648 SE PORT ST LUCIE BLVD

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City-State-Zip: PORT ST LUCIE FL 34952

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Title DIRECTOR Title DIRECTOR

Name VIGOTSKY, DEBRA Name CALABRESE, DONNA

Address C/O WATSON ASSOCIATION Address C/O WATSON ASSOCIATION

MANAGEMENT, LLC MANAGEMENT, LLC

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City-State-Zip: PORT ST LUCIE FL 34952 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

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 03/26/2024