

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 MAR 30 AM 10:43**

**DOCUMENT # 733324 (8)**  
1. Corporation Name  
**THE VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**800 NORTH FORK RD. STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/17/1975</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-1658176</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**CORNETT, JANE L  
RIVER OAKS CENTER  
401 E OSCEOLA ST  
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, hand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOZSER, JOHN
STREET ADDRESS	800 N FORK RD #3-4
CITY - ST - ZIP	STUART FL
TITLE	TD
NAME	BECHHOFF, ALBERT
STREET ADDRESS	800 N FORK RD 8-6
CITY - ST - ZIP	STUART, FL 00000
TITLE	VD
NAME	NOLTE, FRED
STREET ADDRESS	800 NORTH FORK ROAD #3-6
CITY - ST - ZIP	STUART FL
TITLE	SD
NAME	YOUNG, DARLEEN
STREET ADDRESS	800 N FORK RD, #4-P
CITY - ST - ZIP	STUART FL
TITLE	D
NAME	CRAIG, ANNE
STREET ADDRESS	800 N FORK RD, #2-8
CITY - ST - ZIP	STUART FL
TITLE	D
NAME	PARSON, WILLIAM J
STREET ADDRESS	800 N FORK RD, #8-9
CITY - ST - ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>SD LAUREN BRIEN LINGER</b>
43 STREET ADDRESS	<b>800 N. FORK RD #10-9</b>
44 CITY - ST - ZIP	<b>STUART, FL 34994</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>PB STACEY STODDARD</b>
53 STREET ADDRESS	<b>800 N. FORK RD #6-9</b>
54 CITY - ST - ZIP	<b>STUART, FL 34994</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, for an attachment with my address.

SIGNATURE: Albert Bechhoff - TREAS. 3/24/95  
DATE AND TYPE IN PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**ALBERT BECHHOFF**