

FILE NOW: FILING FEE IS \$61.25

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**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Bandra S. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

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



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

3. Date Incorporated or Qualified: **07/17/1975**
4. FEI Number: **59-1658176**
Applied For: Not Applicable:

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PO
NAME	CRAIG, ANNE	1.2 NAME	Jordan, Barbara
STREET ADDRESS	800 N. FORK RD. #B2-A8	1.3 STREET ADDRESS	800 n.w. Fork Rd. #B8-A8 (D)
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart, Fl. 34994
TITLE	TD	2.1 TITLE	TD
NAME	BECHHOFF, ALBERT	2.2 NAME	Shear, Frances
STREET ADDRESS	800 N FORK RD 8-6	2.3 STREET ADDRESS	800 n.w. Fork Rd. B4-A5 (D)
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	Stuart, Fl. 34994
TITLE	VP	3.1 TITLE	VPB
NAME	SULLENGER, ELIZABETH	3.2 NAME	Levy, Henry
STREET ADDRESS	800 N. FORK RD. B3-A8	3.3 STREET ADDRESS	800 n.w. Fork Rd. B3-A15 (D)
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, Fl. 34994
TITLE	D	4.1 TITLE	S
NAME	STEIN	4.2 NAME	Cox, Nancy
STREET ADDRESS	800 NORTH FORK ROAD #7-0	4.3 STREET ADDRESS	800 n.w. Fork Rd. B.5/A5
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart, Fl. 34994
TITLE	S	5.1 TITLE	D
NAME	SHEAR, FRANCES	5.2 NAME	Guliyas, Marion
STREET ADDRESS	800 NORTH FORK ROAD #4-5	5.3 STREET ADDRESS	708 n.w. Fork Rd. B2-A3
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart, Fl. 34994
TITLE	D	6.1 TITLE	AS
NAME	PARSON, WILLIAM J	6.2 NAME	Anderson, Charie
STREET ADDRESS	800 N FORK RD. #8-0	6.3 STREET ADDRESS	800 n.w. Fork Rd. B3-A3
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	Stuart, Fl. 34994

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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, or on an attachment with an address.

SIGNATURE: Elizabeth Sullenger, VP. Date: 4/8/98 561-692-2230

CP2E037 (10/97)