

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90043 004 ****61.25

DOCUMENT # 733324
1. Entity Name
THE VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-1658176** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**SUMMERS, ROBERT
2400S. FEDERAL HWY
4TH FLOOR
STUART FL 34994**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PETROWSKI, PAUL <input checked="" type="checkbox"/> Delete 800 NW FORK ROAD B1-P STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAXTER, EDNA <input checked="" type="checkbox"/> Delete 800 NW FORK ROAD, #5-7 STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENTINK, MILDASD <input type="checkbox"/> Delete 800 NW FORK ROAD, #9-5 STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSH, BARBARA <input type="checkbox"/> Delete 247 MANOR DRIVE STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EPPELEIN, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800 NW FORK RD # 3-5 STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILTS, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800 NW FORK RD # 2-9 STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Dilts* **ROBERT DILTS, PRESIDENT** **4/1/04** **772-692-9182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #