



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90017 042 \*\*\*\*61.25

<b>DOCUMENT # 733324</b>					
1. Entity 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		<b>50019859</b>  	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01192006 Chg-NP CR2E037 (11/05) 4. FEI Number <b>59-1658176</b> <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIGNATURE PROPERTY MANAGEMENT 969 SOUTH FEDERAL HIGHWAY SUITE 401 STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<i>P/D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAFFT, LYNN MR.	NAME			
STREET ADDRESS	800 NW FORK RD	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<i>VICE PRESIDENT</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DILTS, ROBERT MR.	NAME	<i>RICHARD GUFFERT</i>		
STREET ADDRESS	800 NW FORK RD #2-9	STREET ADDRESS	<i>800 NW FORK RD #1-5</i>		
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP	<i>STUART, FL 34994</i>		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<i>SECRETARY</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WENTINK, MILDRED MRS	NAME	<i>KATHLEEN JONES</i>		
STREET ADDRESS	800 NW FORK ROAD, #9-5	STREET ADDRESS	<i>800 NW FORK Rd. # 8-1</i>		
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP	<i>STUART, FL 34994</i>		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<i>TREASURER</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCALERA, SHARON MS	NAME	<i>KEVIN MC DONOUGH</i>		
STREET ADDRESS	800 NW FORK ROAD	STREET ADDRESS	<i>800 NW FORK RD #4-9</i>		
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	<i>STUART, FL 34994</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<i>DIRECTOR</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<i>NEIL THERRIEN</i>		
STREET ADDRESS		STREET ADDRESS	<i>800 NW FORK RD #4-9</i>		
CITY-ST-ZIP		CITY-ST-ZIP	<i>STUART, FL 34994</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>			Date <b>5-23-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		