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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744882** (2)

1. Corporation Name

PORT SALERNO VILLAGE PHASE I HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

**COVE RIDGE-PHASE I
PO BOX 6174
STUART FL 34997
US**

**COVE RIDGE-PHASE 1
PO BOX 6174
STUART FL 34997-0174
US**

3. Date Incorporated or Qualified
11/09/1978

3a. Date of Last Report
06/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WETMORE, LISA
4411 SE VILLAGE RD.
STUART FL 34997**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **WETMORE, LISA**
STREET ADDRESS **4411 SE VILLAGE RD.**
CITY-ST-ZIP **STUART FL 34997**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VPD** ☒ DELETE

NAME **WARD, WALTER**
STREET ADDRESS **4394 SE VILLAGE RD.**
CITY-ST-ZIP **STUART FL 34997**

2.1 TITLE **V.P.D.** ☐ Change ☒ Addition

TITLE **TD** ☐ DELETE

NAME **KNEBEL, STELLA E.**
STREET ADDRESS **4629 SE SAVATORI ROAD**
CITY-ST-ZIP **STUART FL 34997**

2.2 NAME **ANGEL RODRIGUES**
2.3 STREET ADDRESS **6182 S.E. Michael Dr.**
2.4 CITY-ST-ZIP **STUART FL 34997**

TITLE **SD** ☐ DELETE

NAME **SANOSSIAN, JOAN**
STREET ADDRESS **4629 SE SAVATORI ROAD**
CITY-ST-ZIP **STUART FL 34997**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **MCELHENNY, JAMES**
STREET ADDRESS **4629 SE SAVATORI ROAD**
CITY-ST-ZIP **STUART FL 34997**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Joan Sanossian**
4.3 STREET ADDRESS **5299 S.E. Redwood Avenue**
4.4 CITY-ST-ZIP **Stuart, FL 34997**

TITLE **D** ☒ DELETE

NAME **WILCOX, ELAINE**
STREET ADDRESS **4629 SE SAVATORI ROAD**
CITY-ST-ZIP **STUART FL 34997**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Gray PRUSKI**
5.3 STREET ADDRESS **14817 85th Rd North**
5.4 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☒ DELETE

NAME **WILCOX, ELAINE**
STREET ADDRESS **4629 SE SAVATORI ROAD**
CITY-ST-ZIP **STUART FL 34997**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **EVELYN ZORN**
6.3 STREET ADDRESS **P.O. Box 902**
6.4 CITY-ST-ZIP **HOBE SOUND FL 33475**

SIGNATURE:

SIGNATURE REQUIRED

4/11/97

CR2E037 (9/96)