## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

PORT SALERNO VILLAGE PHASE I HOMEOWNERS ASSOCIAT

**FILED** May 14 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address							
COVE RIDGE-PHASE 1		COVE RIDGE-PHASE 1							
PO BOX 8174		PO BOX 6174							
STUÁRT FL 34997 US		STUART FL 34997-0174 US			3. Date Incorporated or Qualified 11/09/1978	06/17/1996			
2 Principal Pi	ace of Business	2a. Mailing Address			NOT APPLICABLE			plied For	
Suite, Apt.	# atc	Sulte, Apt. #, etc.			THE REPORT OF THE PROPERTY OF		\$8.75 A	t Applicable	
22	w, <b>6</b> 10.	27			5. Certificate of Status Desired		Fee Re		
City & State	)	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip	Country	Zip Country			8. This corporation has fiability for	8. This corporation has flability for intangible (ax upder s. 199.032,			
24 25		29 30							
	9. Name and Address of Current	Registered Agent		041	10. Name and Address of New Registered Agent				
			l	81 Name	•			ľ	
WETMORE, USA   4411 SE VILLAGE RD.			ľ	82 Stree	Street Address (P.O. Box Number is Not Acceptable)				
	FL 34997	83							
			ţ	84 City	······································	Fi	85 Zip C	©od∂	
11. Pursuant t	o the provisions of Sections 617.0502	and 617,1508. Florida Statute	s. the ab	ove-name	d corporation submits this statement for the i	ourpose of c	hanging its	s registered	
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 see 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	Apent signal	re required when reinstating)	DATE			
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 12	
TITLE	PD	DELETE 1.1 T		LĒ			Change	S IN 12 G	
NAME	WETMORE, LISA	1.2 N		ME					
STREET ADDRESS			1,3 ST	REET ADDRESS	. ]			18	
CITY-ST-ZIP	STUART FL 34997			ry-ST-ZIP				Laddilion Co	
TITLE	VPD	DELETE		IEV PD	ANGEL RODRIGUE 6182 S.E. MICHA	25 [	Change	Addition	
NAME	WARD, WALTER			ME	Lies SE Michiga	N 1.		ì	
STREET ADDRESS	4394 SE VILLAGE RD.		23 ST	REET ADDRESS	6182 3.2.	- N D'	•	j	
CITY-ST-ZIP	STUART FL 34997		2. 4 CITY - ST - ZII		StUATT FI. 34	1997		Ì	
TITLE	TD DELETE		3117				Change	☐ Addition	
NAME 1	KNEBEL, STELLA E.		3.2 NA	ME				Ì	
STREET ADDRESS	The an attition name		3.3 ST	STREET ADDRESS			ì		
CITY-ST-ZIP	STUART FL 34997		34.C	TY-ST-ZIP				ĺ	
TITLE	SD			LE 3 D	Veran lancassian		<b>∑</b> Change	Addilion	
NAME	SANOSSIAN, JOAN	4.21		AME	9. oan Sanassian D Change Addition 5299 S.E. Redwood avenue			İ	
STREET ADDRESS			4.3 ST	REET ADDRESS	\$199 D.E. KLERWOOL			Ì	
CITY-ST-ZIP	STUART FL 34997	4.		IY-ST-ZIP	Stuart, 72.34997				
TITLE	D	DELETE		LE D	Grave Druck	. [	Change	Addition	
NAME	MCELHENNY, JAMES			ME	111960 2-40	GVIX DVUSK; Change Gradition			
STREET ADDRESS			5.3 ST	REET ADDRESS	MANN DO IN KG MONAY				
CITY-ST-ZIP	STUART FL 34997			Y-ST-ZIP	TOXAMATCA	へてとと	A1.	33470	
TITLE	D	L DELETE	_	le D	511-14N 7-011	$\sigma$	Change	/ dallion	
NAME	<del>-</del>			•	PO. BOX SOZ	_	-	MA	
STREET ADDRESS			6.3 ST	ME HOLLES	40. DOX 102		<b>~</b> ~		
CITY-ST-ZIP	STUART FL 34997			IY-ST-ZIP	Horse Source	FL SO	347.	5	
		with the filing does not qualify			stated in Section 119 07(3)(i) Florida Statute	e I further c	ertity that i	tho	

I formation indicated on this annual report or supplied with the similar coes not quality for the exemption stated in Section 1.9.07(5)(f), Forda Statutes. Figure 28(f) that information indicated on this annual report or supplied intel 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.

4/11/97