

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 744882

1. Entity Name
**PORT SALERNO VILLAGE PHASE I HOMEOWNERS
ASSOCIATION**



Principal Place of Business
PO BOX 6174
STUART, FL 34997 US

Mailing Address
PO BOX 6174
STUART, FL 34997 US



02132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORNETT, JANE L
401 E. OSCEOLA ST.
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WETMORE, LISA 4413 SE VILLAGE RD. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WETMORE, WILLIAM 4413 SE VILLAGE RD STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HISCOX, WILLARD 1418 SE PENNSYLVANIA LANE PALM CITY, FL 34997
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02/27/07-80027-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Lm Wetmore Wm Wetmore 2-13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #