

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07222008 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000956312
07/25/08-80003-003 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: Lisa Wetmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 22 2008

Date

712-223-5270

Daytime Phone #