

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744882

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** PORT SALERNO VILLAGE PHASE I HOMEOWNERS ASSOCIATION

**Current Principal Place of Business:**

5955 SE FED HWY  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6174  
STUART, FL 34997 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAM, WETMORE L  
4413 SE VILLAGE RD  
STUART, FL FL US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WETMORE, LISA  
Address: 4413 SE VILLAGE RD.  
City-St-Zip: STUART, FL 34997

Title: VPD  
Name: WETMORE, WILLIAM  
Address: 4413 SE VILLAGE RD  
City-St-Zip: STUART, FL 34997

Title: D  
Name: HISCOX, WILLARD  
Address: 1418 SE PENNSYLVANIA LANE  
City-St-Zip: PALM CITY, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WM WETMORE

VP

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date