

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90017 001 ****61.25

DOCUMENT # 763816

1. Entity Name
SOUTH FORTY PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**% ORTHWEIN
1 LAFAYETTE PLACE
GREENWICH, CT 06830**

Mailing Address
**% ORTHWEIN
1 LAFAYETTE PLACE
GREENWICH, CT 06830**

40001000



2. Principal Place of Business

9 Benedict Place

Suite, Apt. #, etc.

3. Mailing Address

9 Benedict Place

Suite, Apt. #, etc.

01032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
75-2001336

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**SCHERER, BRADLEY A
303 BANYAN BOULEVARD
SUITE 401
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCHERER, BRADLEY**
STREET ADDRESS **303 BANYAN BLVD, STE 401**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **VSTD** ☐ Delete
NAME **ORTHWEIN, PETER B**
STREET ADDRESS **ONE LAFAYETTE PLACE**
CITY-ST-ZIP **GREENWICH, CT 06830**

TITLE **PD** ☐ Delete
NAME **ARMOUR, LESTER III**
STREET ADDRESS **2922 WINDING OAKS LANE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *9 Benedict Place*
CITY-ST-ZIP *Greenwich CT 06830*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

[Handwritten signatures]

11/4/05