

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765609** (3)

1. Corporation Name

PORT SALERNO VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 9
PORT SALERNO FL 34992
US

Mailing Address

P.O. BOX 9
~~4607 SE SALVATORI ROAD~~
PORT SALERNO FL 34992



3. Date Incorporated or Qualified

10/29/1982

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 9

26 Port Salerno Village Phase II

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 P.O. Box 9

23 Port Salerno FL 34992

28 Port Salerno FL

24 Zip

Country

Zip

Country

25 34992

26 MARTIN

29 34992

30 MARTIN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUDANZA, PETER
6909 SE CONGRESS ST
HOBE SOUND FL 33455

81 Name

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

83

84 City

FL

85 Zip Code

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 am 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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

1.1 TITLE **PD** ☒ Change ☐ Addition

NAME **BAUDANZA, PETER**
STREET ADDRESS **6909 SE CONGRESS ST**
CITY-ST-ZIP **HOBE SOUND FL**

1.2 NAME **PD**
1.3 STREET ADDRESS **Baudanza Peter**
1.4 CITY-ST-ZIP **4690 SE SALVATORI Rd**
STUART, FL 34997

TITLE **D** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **LAUELLE, JOHN**
STREET ADDRESS **4907 SE SALVATORI RD**
CITY-ST-ZIP **STUART FL**

2.2 NAME ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

3.1 TITLE **SD** ☒ Change ☐ Addition

NAME **SANOSSIAN, JOAN**
STREET ADDRESS **6909 SE CONGRESS ST**
CITY-ST-ZIP **HOBE SOUND FL**

3.2 NAME **SD**
3.3 STREET ADDRESS **SANOSSIAN, JOAN**
3.4 CITY-ST-ZIP **4690 SE SALVATORI Rd**
STUART, FL 34997

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.

SIGNATURE: **Peter A. Baudanza** **Peter A. Baudanza**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 **407-223-9132**

Date

Daytime Phone #

CR2E037 (12/95)