


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 765609 (3)**

1. Corporation Name  
**PORT SALERNO VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>P.O. BOX 9<br/>PORT SALERNO FL 34992<br/>US</b> | Mailing Address<br><b>PORT SALERNO VILLAGE PHASE II<br/>POST OFFICE BOX 9<br/>PORT SALERNO FL 34992-0009<br/>US</b> |
|---|---|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>21 P.O. Box 9</b> | 25. Mailing Address<br><b>25 Port Salerno Village Ph II</b> |
| Suite, Apt. #, etc.<br><b>22</b>                       | Suite, Apt. #, etc.<br><b>27 P.O. Box 9</b>                 |
| City & State<br><b>23 Port Salerno FL</b>              | City & State<br><b>28 Port Salerno FL</b>                   |
| Zip<br><b>24 34992</b>                                 | Country<br><b>25 MARTIN</b>                                 |
| Zip<br><b>29 34992</b>                                 | Country<br><b>30 MARTIN</b>                                 |

9. Name and Address of Current Registered Agent

**BAUDANZA, PETER  
6909 SE CONGRESS ST  
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

**81 Name Baudanza, Peter**  
**82 Street Address (P.O. Box Number is Not Acceptable) 5299 SE Redwood Ave**  
**83**  
**84 City STUART, FL** **85 Zip Code 34997**

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 **Peter A. Baudanza** **Peter A. Baudanza** **1/17/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                      |                                 |
|---|---------------------------------|
| TITLE<br><b>PD</b>                              | <input type="checkbox"/> DELETE |
| NAME<br><b>BAUDANZ, PETER</b>                   |                                 |
| STREET ADDRESS<br><b>4690 SE SALVATORI ROAD</b> |                                 |
| CITY - ST - ZIP<br><b>STUART FL</b>             |                                 |
| TITLE<br><b>D</b>                               | <input type="checkbox"/> DELETE |
| NAME<br><b>LAUELLE, JOHN</b>                    |                                 |
| STREET ADDRESS<br><b>4907 SE SALVATORI RD</b>   |                                 |
| CITY - ST - ZIP<br><b>STUART FL</b>             |                                 |
| TITLE<br><b>SD</b>                              | <input type="checkbox"/> DELETE |
| NAME<br><b>SANOSSIAN, JOAN</b>                  |                                 |
| STREET ADDRESS<br><b>4690 SE SALVATORI ROAD</b> |                                 |
| CITY - ST - ZIP<br><b>STUART FL</b>             |                                 |
| TITLE<br><b></b>                                | <input type="checkbox"/> DELETE |
| NAME<br><b></b>                                 |                                 |
| STREET ADDRESS<br><b></b>                       |                                 |
| CITY - ST - ZIP<br><b></b>                      |                                 |
| TITLE<br><b></b>                                | <input type="checkbox"/> DELETE |
| NAME<br><b></b>                                 |                                 |
| STREET ADDRESS<br><b></b>                       |                                 |
| CITY - ST - ZIP<br><b></b>                      |                                 |

14. I do 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 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** **1/17/97** **(S6) 287-4034**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 00718 10

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/29/1982</b> | 3a. Date of Last Report<br><b>01/31/1996</b> |
|--|--|

|                                    |   |   |
|------------------------------------|---|---|
| 4. FEI Number<br><b>59-2266692</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|------------------------------------|---|---|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|   |                                    |
|---|------------------------------------|
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---|------------------------------------|

|  |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

CR2E037 (9/96)