2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State
02-07-2005 90062 024 ****61.25

DOCUMENT # 765609

1. Entity Name

PORT SALERNO VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.

66006030

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
P.O. BOX 9 PORT SALERNO FL 34992 US	PORT SALERNO VILLAGE PHASE II POST OFFICE BOX 9 PORT SALERNO FL 34992 US

2. Principal Place of Business	3. Mailing Address
HOME	P.O. BOX 9
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT SALERNO	City & State: FL
Zip: 34997 Country: USA	Zip: 34992 Country: US

4. FEI Number: 59-2266692 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAUDANZA, PETER 5299 S.E. REDWOOD AVE. STUART FL 34997	Name: ROGER DUQUET Street Address (P.O. Box Number is Not Acceptable): 4787 S.E. SALVATORI RD City: STUART FL Zip Code: 34997

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 _____ 1-31-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAUDANZA, PETER 5299 S.E. REDWOOD AVE. STUART FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PD ROGER DUQUET 4787 SE SALVATORI RD STUART, FL. 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUELLE, JOHN 4907 SE SALVATORI RD STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANOSSIAN, JOAN 5299 S.E. REDWOOD AVE. STUART FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT / TRESURER SD MICHAEL TATALOVICH 4797 SE SALVATORI RD STUART FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1-31-05 772-330-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #