

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 11 AM 8:00

DOCUMENT # N00000007281					
1. Entity Name FRAZIER CREEK VILLAGE RPUD PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 900 S FEDERAL HWY, SUITE 321 STUART, FL 34994			Mailing Address 900 S FEDERAL HWY, SUITE 321 STUART, FL 34994		
2. Principal Place of Business 6000 Cleveland Ave Suite, Apt. #, etc.		3. Mailing Address 6000 Cleveland Ave Suite, Apt. #, etc.			
City & State Stuart FL		City & State Stuart FL		4. FEI Number 65-6361771	
Zip 34994		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STETSON, J MICHAEL 900 S FEDERAL HWY, SUITE 321 STUART, FL 34994			7. Name and Address of New Registered Agent Name: Michael Sands Street Address (P.O. Box Number is Not Acceptable): 6000 Cleveland Ave City: Stuart FL Zip Code: 34994		
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: <i>Michael Sands</i> DATE: 10/4/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME STETSON, J MICHAEL STREET ADDRESS 900 S FEDERAL HWY, SUITE 321 CITY-ST-ZIP STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE Pres NAME Michael Sands STREET ADDRESS 6000 Cleveland Ave CITY-ST-ZIP Stuart FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME STETSON, SARAH C STREET ADDRESS 900 S FEDERAL HWY, SUITE 321 CITY-ST-ZIP STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Ron Wollett STREET ADDRESS 556 St. Lucie Crescent CITY-ST-ZIP Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME GARLINGTON, KATHERINE B STREET ADDRESS 900 S FEDERAL HWY, SUITE 321 CITY-ST-ZIP STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE Treas NAME Chris Brandon STREET ADDRESS 548 St. Lucie Crescent CITY-ST-ZIP Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME Margaret Compion STREET ADDRESS 547 St. Lucie Crescent CITY-ST-ZIP Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		000041768480 10/11/04--01017--002 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: <i>J. Michael Stetson</i> <i>Michael Sands</i> Date: 10/4/04 Daytime Phone #: 772-2862440					