2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
03-02-2005 90084 038 ****61.25

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1. Entity Name
FRAZIER CREEK VILLAGE RPUD PROPERTY OWNERS' ASSOCIATION, INC.

50021563

Principal Place of Business	Mailing Address
610 CLEVELAND AVE STUART, FL 34994	610 CLEVELAND AVE STUART, FL 34994

02232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6361771
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SONDS~~, MICHAEL SANDS
606 CLEVELAND AVE
STUART, FL 34994

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~SONDS~~, MICHAEL SANDS
STREET ADDRESS	606 CLEVELAND AVE
CITY-ST-ZIP	STUART, FL 34994
TITLE	VP
NAME	WOLLETT, RON
STREET ADDRESS	556 ST LUCIE CRESCENT
CITY-ST-ZIP	STUART, FL 34994
TITLE	T
NAME	BRANDEN, CRIS
STREET ADDRESS	548 ST LUCIE CRESCENT
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	~~COMPTON~~, MARGARET Campion
STREET ADDRESS	547 ST LUCIE CRESCENT
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

772-220-1640

SIGNATURE: Michael Sands 2/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #