2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# N00000007281

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

Current Principal Place of Business:

610 CLEVELAND AVE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

610 CLEVELAND AVE
STUART, FL 34994

New Mailing Address:

FEI Number: 65-6361771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDA, MICHAEL
606 CLEVELAND AVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

SANDS, MICHAEL
606 SW CLEVELAND AVE
STUART, FL 34994 US

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.

SIGNATURE: MICHAEL SANDS 04/07/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANDS, MICHAEL
Address: 606 CLEVELAND AVE
City-St-Zip: STUART, FL 34994

Title: VP ( ) Delete
Name: WOLLETT, RON
Address: 556 ST LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

Title: T ( ) Delete
Name: BRANDEN, CRIS
Address: 548 ST LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

Title: S ( ) Delete
Name: CAMPION, MARGARET
Address: 547 ST LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRANDEN, AMY
Address: 544 SW ST LUCIE CRES
City-St-Zip: STUART, FL 34994

Title: VP (X) Change ( ) Addition
Name: BAUBLITZ, KEN
Address: 536 ST LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

Title: T (X) Change ( ) Addition
Name: SHERMAN, NOREEN
Address: 548 ST LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

Title: S (X) Change ( ) Addition
Name: SANDS, MICHAEL
Address: 606 SW CLEVELAND AVE
City-St-Zip: STUART, FL 34994

Title: D ( ) Change (X) Addition
Name: CAMPION, DICK
Address: 545 SW ST LUCIE CRES
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SANDS S 04/07/2006
Electronic Signature of Signing Officer or Director Date