

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007281

FILED  
Apr 12, 2007  
Secretary of State

**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date