# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # N00000007281

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

| Principal Place of Business | Mailing Address |
|---|---|
| 610 CLEVELAND AVE<br>STUART, FL 34994 | 610 CLEVELAND AVE<br>STUART, FL 34994 |

01112008 No Chg-NP, CR2E037 (4/06)

**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

SANDS, MICHAEL
606 SW CLEVELAND AVE
STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**

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, 2008**

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

000000783509
01/16/08-80018-006 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | BRANDEN, AMY |
| STREET ADDRESS | 544 SW ST LUCIE CRES |
| CITY-ST-ZIP | STUART, FL 34994 |
| TITLE | VP |
| NAME | BAUBLITZ, KEN |
| STREET ADDRESS | 536 ST LUCIE CRESCENT |
| CITY-ST-ZIP | STUART, FL 34994 |
| TITLE | T |
| NAME | SHERMAN, NOREEN |
| STREET ADDRESS | 548 ST LUCIE CRESCENT |
| CITY-ST-ZIP | STUART, FL 34994 |
| TITLE | S |
| NAME | SANDS, MICHAEL |
| STREET ADDRESS | 606 SW CLEVELAND AVE |
| CITY-ST-ZIP | STUART, FL 34994 |
| TITLE | D |
| NAME | CAMPION, DICK |
| STREET ADDRESS | 545 SW ST LUCIE CRES |
| CITY-ST-ZIP | STUART, FL 34994 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

772-781-8408

**SIGNATURE:** Noreen Sherman NOREEN S. SHERMAN 1-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #