

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90004 048 ****61.25

DOCUMENT # N00774

1. Entity Name

RESIDENTS ASSOCIATION OF MAS VERDE, INC.



Principal Place of Business

%JOANNE M MARTIN
16 BRIDGETTE BLVD
LAKE WORTH FL 33463
US

Mailing Address

%JOANNE M MARTIN
16 BRIDGETTE BLVD
LAKE WORTH FL 33463
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, JOANNE M
16 BRIDGETTE BLVD
LAKE WORTH FL 33463

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Joanne M. Martin

JOANNE M. MARTIN

3-6-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, JOANNE M	
STREET ADDRESS	16 BRIDGETTE BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORREST, KENNETH	
STREET ADDRESS	4 RACHAEL ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHOOPS, FRANK	
STREET ADDRESS	11 RACHAEL RD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURRAY, SHIRLEY	
STREET ADDRESS	15 BRIDGETTE BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KLOTZ, SUE	
STREET ADDRESS	97 BRIDGETTE BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYD, KATHY	
STREET ADDRESS	92 LISA LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS SODER	
STREET ADDRESS	5 RACHAEL RD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD FRESHLEY	
STREET ADDRESS	BRIDGETTE BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLIN BIERI	
STREET ADDRESS	8 LISA LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SETH BELL SONTAINE	
STREET ADDRESS	93 LISA LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK ROTZIEW	
STREET ADDRESS	16 RICKS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Joanne M. Martin

JOANNE M. MARTIN

Date

Daytime Phone #

3-6-04 561-642-7269