

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90014 039 ****61.25

DOCUMENT # N00774

1. Entity Name

RESIDENTS ASSOCIATION OF MAS VERDE, INC.



Principal Place of Business

Mailing Address

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

%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

1st MOORE

CR2E037 (10/05)

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

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

(NOTE: Registered Agent signature required when re-registering)

2-10-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MARTIN, JOANNE M
STREET ADDRESS 16 BRIDGETTE BLVD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE SECRETARY ☒ Change ☐ Addition
NAME JAN ANDREWS
STREET ADDRESS 69 LISA LANE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ Delete
NAME FORREST, KENNETH
STREET ADDRESS 4 RACHAEL ROAD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE DIRECTOR ☒ Change ☐ Addition
NAME PHYLLIS SODER
STREET ADDRESS 19 SUSAN CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ Delete
NAME CHOOPS, FRANK
STREET ADDRESS 11 RACHAEL RD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE DIRECTOR ☐ Change ☒ Addition
NAME ELEANOR BOYER
STREET ADDRESS 71 LISA LANE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE T ☐ Delete
NAME MURRAY, SHIRLEY
STREET ADDRESS 15 BRIDGETTE BLVD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE DIRECTOR ☐ Change ☐ Addition
NAME ARLIN BIERI
STREET ADDRESS 8 LISA LANE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE S ☐ Delete
NAME SODER, PHYLLIS
STREET ADDRESS 5 RACHAEL RD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ROTZIEN, JACK
STREET ADDRESS 18 RICKS DRIVE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Joanne M. Martin

2-10-06 561-642-7269