

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90010 022 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PALM BEACH

1st MOORE

CR2E037 (10/06)

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 reinstating)

2-20-07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	S	<input type="checkbox"/> Delete
NAME	ANDREWS, JAN	
STREET ADDRESS	69 LISA LN	
CITY-STATE-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOUDER, PHYLLIS	
STREET ADDRESS	19 SUSAN CIR	
CITY-STATE-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHOOPS, FRANK	
STREET ADDRESS	11 RACHAEL RD	
CITY-STATE-ZIP	LAKE WORTH FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURRAY, SHIRLEY	
STREET ADDRESS	15 BRIDGETTE BLVD 17 RICKS DRIVE	
CITY-STATE-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIERI, ARLIN	
STREET ADDRESS	8 LISA LN	
CITY-STATE-ZIP	LAKE WORTH FL 33463	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROTZIEN, JACK	
STREET ADDRESS	18 RICKS DRIVE	
CITY-STATE-ZIP	LAKE WORTH FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODNEY ROBERTS	
STREET ADDRESS	28 RICKS DRIVE	
CITY-STATE-ZIP	LAKE WORTH FL 33463	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEANOR BEYER	
STREET ADDRESS	71 LISA LANE	
CITY-STATE-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN FORREST	
STREET ADDRESS	4 RACHAEL RD	
CITY-STATE-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

Date

561-642-7269

Daytime Phone #