

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, JOANNE M
16 BRIDGETTE BLVD
LAKE WORTH, FL 33463

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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

Joanne M Martin

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

(NOTE: Registered Agent signature required when reappointing)

DATE

7-5-08

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE S
NAME ANDREWS, JAN
STREET ADDRESS 69 LISA LN
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D
NAME SOUDER, PHYLLIS
STREET ADDRESS 19 SUSAN CIR
CITY-ST-ZIP LAKE WORTH, FL 33463

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

TITLE T
NAME MURRAY, SHIRLEY
STREET ADDRESS 17 RICKS DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D
NAME BIERI, ARLIN
STREET ADDRESS 8 LISA LN
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE VP
NAME ROBERTS, RODNEY
STREET ADDRESS 28 RICKS DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33463

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07/07/08-80002-007 61.25

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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.

SIGNATURE:

Joanne M Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-08

Date 561-642-7269 Daytime Phone