

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000006544**

1. Entity Name  
P.V. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
541 NW CASHMERE BLVD.  
PORT ST. LUCIE, FL 34896

Mailing Address  
555 COLORADO AVE.  
STUART, FL 34994



02052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

CRARY, LAWRENCE E III  
555 COLORADO 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	STODDARD, WILLIAM J
STREET ADDRESS	2277 SE LENNARD RD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	VD
NAME	MOUTOGIANNIS, LINDA
STREET ADDRESS	1304 SW BAYSHORE BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	STD
NAME	VICINI, MARK
STREET ADDRESS	825 MACARTHUR BLVD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000651442  
03/09/07-80007-020 61.25

**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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.J. STODDARD

Date

2-6-07

Daytime Phone #

(612) 802-3666