

FILED
May 16, 2008 8:00 am
Secretary of State


1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves assigning tasks to team members, setting deadlines, and monitoring progress to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves comparing the actual outcomes against the objectives and goals to determine the effectiveness of the project and identify areas for improvement.

DOCUMENT # N39296 1. Entity Name FIG TREE VILLAGE HOMEOWNERS ASSOCIATION, INC.						05-16-2008 90020 044 ****61.25	
Principal Place of Business 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 US				Mailing Address 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 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	
6. Name and Address of Current Registered Agent CORNETT, JANE 401 E OSCEOLA ST 1ST FL STUART, FL 34994				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP DP KURTH, WILLIAM 13003 HARBOUR RIDGE BLVD PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP DS WATT, RICHARD 13015 HARBOUR RIDGE BLVD PALM CITY, FL 34990 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP D HINDERAKER, PHILLIP 13001 HARBOUR RIDGE BLVD PALM CITY, FL 34990 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP DT STEVENS, JOSEPH 13012 HARBOUR RIDGE BLVD PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP DT James P. Kressler 13016 Harbour Ridge Blvd Palm City, FL 34990 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP D PIERCE, PATRICIA 13004 HARBOUR RIDGE BLVD PALM CITY, FL 34990 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP DVP Charles Berwitz 13009 Harbour Ridge Blvd Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: Richard M. Watt SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/21/08 344-6081 Date Daytime Phone #			