

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733324

**FILED  
Mar 31, 2016  
Secretary of State  
CC0103056589**

**Entity Name:** THE VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

800 NW FORK RD. - CLUBHOUSE  
STUART, FL 34994

**Current Mailing Address:**

800 NW FORK RD. - CLUBHOUSE  
STUART, FL 34994

**FEI Number: 59-1658176**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ENSOR, JACOB E  
789 S. FEDERAL HIGHWAY  
SUITE 101  
STUART, FL 34994 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            SCALERA, SHARON  
Address        800 NW FORK RD. - CLUBHOUSE  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            MILES, ROSE  
Address        800 NW FORK RD. - CLUBHOUSE  
City-State-Zip: STUART FL 34994

Title            PRESIDENT  
Name            MOONEY, JOAN DAWN  
Address        800 NW FORK ROAD #7-4  
City-State-Zip: STUART FL 34994

Title            VP  
Name            TRUSKOWSKI, GARRETT  
Address        800 NW FORK RD. - CLUBHOUSE  
City-State-Zip: STUART FL 34994

Title            TREASURER  
Name            SCHOENEBERG, DON  
Address        800 NW FORK ROAD #7-06  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            YOUNG, DAVID  
Address        800 NW FORK RD. - CLUBHOUSE  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            GOPFERT, RICHARD  
Address        800 NW FORK ROAD  
City-State-Zip: STUART FL 34994

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOAN DAWN MOONEY**

**PRESIDENT**

**03/31/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date