2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733324

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	PRESIDENT		Title	DIRECTOR
Name	SCALERA, SHARON		Name	MILES, ROSE
Address	800 NW FORK RD. - CLUBHOUSE		Address	800 NW FORK RD. - CLUBHOUSE
City-State-Zip:	STUART FL 34994		City-State-Zip:	STUART FL 34994
Title	S		Title	VP
Name	MOONNEY, DAWN		Name	TRUSKOWSKI, GARRETT
Address	800 NW FORK ROAD #7-4		Address	800 NW FORK RD. - CLUBHOUSE
City-State-Zip:	STUART FL 34994		City-State-Zip:	STUART FL 34994
Title	TREASURER		Title	DIRECTOR
Name	SCHOENEBERG, DON		Name	YOUNG, DAVID
Address	800 NW FORK ROAD #7-06		Address	800 NW FORK RD. - CLUBHOUSE
City-State-Zip:	STUART FL 34994		City-State-Zip:	STUART FL 34994
Title	DIRECTOR			
Name	PERRY, LINDA			
Address	800 NW FORK ROAD - CLUBHOUSE			
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: SHARON SCALERA   PRESIDENT   04/01/2014

Electronic Signature of Signing Officer/Director Detail   Date