

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39296

Entity Name: FIG TREE VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**12600 HARBOUR RIDGE BLVD
PALM CITY, FL 34990**Current Mailing Address:**12600 HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US**FEI Number:** 65-0208480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORNETT, JANE
401 E OSCEOLA ST.
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	D
Name	ROSS, GREGORY
Address	13017 HARBOUR RIDGE BLVD.
City-State-Zip:	PALM CITY FL 34990

Title	DP
Name	BERWITZ, CHARLES DR
Address	13009 HARBOUR RIDGE BLVD.
City-State-Zip:	PALM CITY FL 34990

Title	DVP
Name	VOSSEKUIL, BRYAN
Address	13000 HARBOUR RIDGE BLVD.
City-State-Zip:	PALM CITY FL 34990

Title	D
Name	COLAU, BARBARA
Address	13000 HARBOUR RIDGE BLVD.
City-State-Zip:	PALM CITY FL 34990

Title	DT
Name	MORRIS, HENRY
Address	13004 HARBOUR RIDGE BLVD
City-State-Zip:	PALM CITY FL 34990

Title	DT
Name	MORRIS, HENRY
Address	13004 HARBOUR RIDGE BLVD
City-State-Zip:	PALM CITY FL 34990

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: DR. CHARLES BERWITZ**PRESIDENT****04/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date