


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90173 030 ****61.25

DOCUMENT # N04000002068

1. Entity Name
PALMETTO HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.



Principal Place of Business
6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940

Mailing Address
6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940

2. Principal Place of Business
 Suite, Apt. #, etc.
1978 Rockledge Blvd
Suite 106

3. Mailing Address
 Suite, Apt. #, etc.
1978 Rockledge Blvd
Suite 106

City & State
Rockledge FL

Zip
32955

Country
USA



04062006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0865340

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRESE, GARY B
930 S. HARBOR CITY BLVD., SUIT 505
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent
 Name **Advanced Property Management**
 Street Address (P.O. Box Number is Not Acceptable)
1978 Rockledge Blvd., Suite 106
 City **Rockledge** FL Zip Code **32955**

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 *Wickie H Martin* DATE *4-7-06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARIN, DAVID 6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BAR-NAVON, BOAZ 6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSER, GARY 6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <i>Liba Walker</i> <i>6767 N. Wickham Rd, Suite # 500</i> <i>Melbourne, FL 32940</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *David Barin* DATE *4-13-06* DAYTIME PHONE # *321-636-4889*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #