


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N04000002771	
<b>1. Entity Name</b> PRIDE AND JOY ENVIRONMENTAL CONDOS NORTH ASSOCIATION, INC.	

<b>Principal Place of Business</b> 5685 S A1A MELBOURNE BEACH, FL 32951	<b>Mailing Address</b> 5685 S A1A MELBOURNE BEACH, FL 32951
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01162006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

REINMAN, JAMES L  
5685 S HWY A1A  
MELBOURNE BEACH, FL 32951

**DO NOT WRITE  
IN THIS SPACE**

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

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

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD <b>NAME</b> DAMIANO, ROBERT <b>STREET ADDRESS</b> 5685 S A1A <b>CITY - ST - ZIP</b> MELBOURNE BEACH, FL 32951	
<b>TITLE</b> STD <b>NAME</b> WARD, PHILIP <b>STREET ADDRESS</b> 5685 S A1A <b>CITY - ST - ZIP</b> MELBOURNE BEACH, FL 32951	
<b>TITLE</b> VD <b>NAME</b> DAMIANO, ROBERT V <b>STREET ADDRESS</b> 5685 S A1A <b>CITY - ST - ZIP</b> MELBOURNE BEACH, FL 32951	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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02/24/06-80023-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:**  **Robert Damiano** 1/21/06 321-984-0319

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