


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000073390

1. Entity Name
PARROT BAY HOMES, INC.



Principal Place of Business
**6851 CYPRESS COVE CIRCLE
 JUPITER, FL 33458**

Mailing Address
**6851 CYPRESS COVE CIRCLE
 JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0067016

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERT J. GARDENER, CPA
 11891 US HWY 1
 101
 NORTH PALM BEACH, FL 33408**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONDE, JAMES D 6851 CYPRESS COVE CIR. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONDE, JAMES D 6851 CYPRESS COVE CIR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONDE, JAMES D 6851 CYPRESS COVE CIRCLE JUPITER, FL 33458
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 05/10/07-80071-015 150.00

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 607, 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: *Jim A Monde* **Jim A Monde** 4-24-07 561-744-6766

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #