

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90020 031 ****70.00

DOCUMENT # 732519					
1. Entity Name PORT MALABAR UNIT 55 PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1101 CRICKET DR., NE PALM BAY, FL 32907			Mailing Address 1101 CRICKET DR., NE PALM BAY, FL 32907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>SAME</i>		Suite, Apt. #, etc. <i>SAME</i>		01062006 Chg-NP CR2E037 (11/05)	
City & State <i>SAME</i>		City & State <i>SAME</i>		4. FEI Number 59-2030644	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACREE, LARRY 1101 CRICKET DRIVE NE PALM BAY, FL 32907			7. Name and Address of New Registered Agent Name <i>Barbara ACREE</i> Street Address (P.O. Box Number is Not Acceptable) <i>1101 Cricket Drive NE</i> City <i>Palm Bay</i> <i>FL</i> Zip Code <i>32907</i>		
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 <i>Barbara E. Acree</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				2/25/06 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME FLOYD, THOMAS STREET ADDRESS 1101 CRICKET DRIVE NE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE VPD NAME Cheryl Valenti STREET ADDRESS 1101 CRICKET Drive NE CITY-ST-ZIP PALM BAY FL. 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME ACREE, LARRY STREET ADDRESS 1101 CRICKET DRIVE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE PD NAME SCOTT FREEMAN STREET ADDRESS 1101 CRICKET DRIVE NE CITY-ST-ZIP Palm Bay FL. 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME SMITH, SANDRA STREET ADDRESS 1101 CRICKETT DRIVE NE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE SD NAME Renee Sallade STREET ADDRESS 1101 CRICKET DRIVE NE CITY-ST-ZIP Palm Bay FL. 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME ACREE, LARRY STREET ADDRESS 1101 CRICKETT DR NE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE TD NAME Barbara ACREE STREET ADDRESS 1101 CRICKET Drive NE CITY-ST-ZIP Palm Bay FL. 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ADTD NAME GABRAITH, CLARA STREET ADDRESS 1101 CRICKET DRIVE NE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE ADTD NAME Adriana ALmeida STREET ADDRESS 1101 CRICKET Drive NE CITY-ST-ZIP Palm Bay FL. 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE ADTD NAME Gene Mills STREET ADDRESS 1101 CRICKET Dr. NE CITY-ST-ZIP Palm Bay FL 32907	<input type="checkbox"/> Change <input checked="" 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: <i>Barbara E. Acree</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				BARBARA ACREE 321-952-6822 Date <i>2/25/06</i> Daytime Phone #	