2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90407 026 ****61.25

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

DOCUMENT # N25156 PAGÉT COURT HOMES ASSOCIATION, INC. Principal Place of Business Mailing Address 835 20TH PL 835 20TH PL 50012551 VERO BEACH, FL 32960 VERO BEACH, FL 32960 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number City & State 65-0076943 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERRILL, KAREN Street Address (P.O. Box Number is Not Acceptable) 835 20TH PL VERO BEACH, FL 32960

DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tale if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Delete TITLE D Change ■ Addition TITLE BRAMSON, THOMAS R NAME NAME STREET ADDRESS 80 PAGET COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32963 Change ☐ Delete TITLE ☐ Addition TITLE GALVIN, WILLIAM F NAME NAME STREET ADDRESS STREET ADDRESS 120 PAGET CT CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition YOUNG, ROBERT NAME NAME STREET ADDRESS 20 PAGET CT STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP ☐ Delete TITLE D ☐ Addition TITLE PREZZANO, PETER NAME NAME **80 PAGET COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32963 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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 attachmen

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

the obligations of registered agent.

SIGNATURE

Daytime Phone #