


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90183 013 \*\*\*\*61.25

<b>DOCUMENT # N00000001784</b>	
<b>1. Entity Name</b> PROSPERITY PINES HOMEOWNERS' ASSOCIATION, INC.	

40036114



<b>Principal Place of Business</b> % CAPITAL REALTY ADVISORS INC. 600 SANDTREE DR., SUITE 109 PALM BEACH GARDENS, FL 33403	<b>Mailing Address</b> % CAPITAL REALTY ADVISORS INC. 600 SANDTREE DR., SUITE 109 PALM BEACH GARDENS, FL 33403
---	---

<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132008 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b> 65-1097066	<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>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>	
KUTNER, AMY % CAPITAL REALTY ADVISORS INC. 600 SANDTREE DR., SUITE 106 PALM BEACH GARDENS, FL 33403	

<b>7. Name and Address of New Registered Agent</b>	
Name: Donna Mc Donald	
Street Address (P.O. Box Number Not Acceptable): 40 Capital Realty Advisors	
City: 600 Sandtree Dr., Ste 106	
City: Palm Beach Gardens, FL	Zip Code: 33403

**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: Donna McDonald DATE: 2/26/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOX, LARRY <input checked="" type="checkbox"/> Delete 209 LONE PINE DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUTCHFIELD, MICHAEL <input checked="" type="checkbox"/> Delete 214 LONE PINE DR PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARD, KATHLEEN <input type="checkbox"/> Delete 193 LONE PINE DR PALM BEACH GARDENS, FL 33410
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	Treasurer Lewis Bergman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 210 Lone Pine Drive Palm Beach Gardens, FL 33410
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
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: Kathleen Ward, Sec. Kathleen Ward DATE: 2/28/08 DAYTIME PHONE #: 5617753761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR