

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732519

Entity Name: PORT MALABAR UNIT 55 PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Feb 20, 2021
Secretary of State
5260042671CC**Current Principal Place of Business:**1101 CRICKET DR., NE
PALM BAY, FL 32907**Current Mailing Address:**1101 CRICKET DR., NE
PALM BAY, FL 32907**FEI Number: 59-2030644****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JOHNSON, GARY
1101 CRICKET DR NE
PALM BAY, FL 32907 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title P
Name JOHNSON, GARY
Address 1101 CRICKET DR NE
City-State-Zip: PALM BAY FL 32907Title VP
Name PETRI, MARYANN
Address 1101 CRICKET DR., NE
City-State-Zip: PALM BAY FL 32907Title S
Name CROCKER, JOYCE
Address 1101 CRICKET DR., NE
City-State-Zip: PALM BAY FL 32907Title T
Name JACKSON, JANE
Address 1101 CRICKET DR., NE
City-State-Zip: PALM BAY FL 32907Title D
Name SHEARER, DAVID
Address 1101 CRICKET DR., NE
City-State-Zip: PALM BAY FL 32907Title D
Name SHEARER, CINDY
Address 1101 CRICKET DR., NE
City-State-Zip: PALM BAY FL 32907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE JACKSON**T****02/20/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date