

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732519

**Entity Name:** PORT MALABAR UNIT 55 PROPERTY OWNERS' ASSOCIATION, INC.**FILED**  
**May 01, 2023**  
**Secretary of State**  
**7181665545CC****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	PRESIDENT
Name	JOHNSON, GARY
Address	1101 CRICKET DR NE
City-State-Zip:	PALM BAY FL 32907

Title	VP
Name	PETRI, MARYANN
Address	1101 CRICKET DR., NE
City-State-Zip:	PALM BAY FL 32907

Title	S
Name	CROMBLEHOLME, KATHLEEN
Address	1101 CRICKET DR., NE
City-State-Zip:	PALM BAY FL 32907

Title	T
Name	JACKSON, JANE
Address	1101 CRICKET DR., NE
City-State-Zip:	PALM BAY FL 32907

Title	D
Name	SHEARER, DAVID
Address	1101 CRICKET DR., NE
City-State-Zip:	PALM BAY FL 32907

Title	D
Name	FLOYD, THOMAS
Address	1101 CRICKET DR., NE
City-State-Zip:	PALM BAY FL 32907

Title	DIRECTOR
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****05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date