

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732519

Entity Name: PORT MALABAR UNIT 55 PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Mar 16, 2013
Secretary of State
CC4380332726**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:**SIEGFORT, BETTY
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	SIEGFORT, BETTY
Address	1101 CRICKET DR NE
City-State-Zip:	PALM BAY FL 32907

Title	VP
Name	BESS, MUKIMBAH
Address	1101 CRICKET DRIVE NE
City-State-Zip:	PALM BAY FL 32907

Title	S
Name	SIEGFORT, BETTY
Address	1101 CRICKET DRIVE NE
City-State-Zip:	PALM BAY FL 32907

Title	T
Name	ACREE, BARBARA
Address	1101 CRICKET DR NE
City-State-Zip:	PALM BAY FL 32907

Title	D
Name	ZENTMEYER, DEBBIE
Address	1101 CRICKET DRIVE NE
City-State-Zip:	PALM BAY FL 32907

Title	D
Name	GALBRAITH, CLARA
Address	1101 CRICKET DRIVE NE
City-State-Zip:	PALM BAY FL 32907

Title	D
Name	HARPER, STEVE
Address	1101 CRICKET DR. NE
City-State-Zip:	PALM BAY FL

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: BETTY SIEGFORT**PRESIDENT****03/16/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date