

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733204

**Entity Name:** P G ONE HOMEOWNERS, INC.**Current Principal Place of Business:**1000 N.W. 68TH AVE.  
MARGATE, FL 33063**Current Mailing Address:**1000 N.W. 68TH AVE.  
MARGATE, FL 33063**FEI Number:** 59-1608864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATZ, STEVEN BESQ  
ONE EAST BROWARD BLVD, SUITE 1600  
FT LAUDERDALE, FL 33301 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 DIRECTOR  
Name MECCA, LUANE  
Address 980 NW 67 TERRACE  
City-State-Zip: MARGATE FL 33063

Title PRESIDENT  
Name COX, JERRY  
Address 6740 NW 9 ST  
City-State-Zip: MARGATE FL 33063

Title SECRETARY  
Name LUCHIN, DAVID  
Address 1000 NW 68 AVE  
City-State-Zip: MARGATE FL 33063

Title DIRECTOR  
Name CODY, GERALD SR.  
Address 965 NW 68 TRERR  
City-State-Zip: MARGATE FL 33063

Title VP  
Name PERSAUD, ALBERT  
Address 6680 MARGATE BLVD  
City-State-Zip: MARGATE FL 33063

Title T  
Name CARMOSINO, ANTHONY  
Address 6790 NW 12 STREET  
City-State-Zip: MARGATE FL 33063

Title DIRECTOR  
Name BRADLEY, LIGIA  
Address 6820 NW 9TH COURT  
City-State-Zip: MARGATE FL 33063

Title DIRECTOR/ADMINISTRATION  
Name STROWBRIDGE, CECILIA  
Address 1220 NW 66 TERR  
City-State-Zip: MARGATE FL 33063

*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:** JERRY COX**PRESIDENT****04/30/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date