

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739190

Entity Name: PORT MALABAR HOLIDAY PARK PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**215 HOLIDAY PARK BLVD., N.E.
PALM BAY, FL 32907**Current Mailing Address:**215 HOLIDAY PARK BLVD., N.E.
PALM BAY, FL 32907**FEI Number: 59-1778604****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RAFFO, ELLOUISE S
176 HOLIDAY PARK BLVD, 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	PRES
Name	KELLY, ALLISON
Address	1054 SUNFLOWER LANE
City-State-Zip:	PALM BAY FL 32907

Title	D1VP
Name	KEEGAN, BARBARA
Address	199 CHESWICK CIRCLE
City-State-Zip:	PALM BAY FL 32907

Title	S
Name	HOWELL, DODIE
Address	151 CHESWICK CIRCLE
City-State-Zip:	PALM BAY FL 32907

Title	TREASURER
Name	AMBROSE, BRENDA R.
Address	241 BLOSSOM LANE
City-State-Zip:	PALM BAY FL 32907

Title	ASST. TREASURER
Name	DONALD, WINK
Address	1029 MAPLE COURT
City-State-Zip:	PALM BAY FL 32907

Title	OFFICER
Name	GETZ, GINNY
Address	1142 KEYSTONE COURT
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: BRENDA AMBROSE**TREASURER****04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date