

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001784

**Entity Name:** PROSPERITY PINES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

% CAPITAL REALTY ADVISORS INC.  
600 SANDTREE DR., SUITE 109  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

% CAPITAL REALTY ADVISORS INC.  
600 SANDTREE DR., SUITE 109  
PALM BEACH GARDENS, FL 33403

**FEI Number:** 65-1097066

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITAL REALTY ADVISORS, INC.  
% CAPITAL REALTY ADVISORS INC.  
600 SANDTREE DR., SUITE 106  
PALM BEACH GARDENS, FL 33403 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:** LISA MOORE

03/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name BYRN, JOHN  
Address 201 LONE PINE DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SEC  
Name GLADUNOV, ZLATA  
Address 226 LONE PINE DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRES  
Name JACKS, PATRICK  
Address 207 LONE PINE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP  
Name CHARNEY, JONATHAN  
Address 104 LONE PINE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name BONANNI, BARBARA  
Address 229 LONE PINE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** PATRICK JACKS

PRES

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date