

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002068

**Entity Name:** PALMETTO HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.

**FILED**  
**Mar 05, 2024**  
**Secretary of State**  
**9996610810CC**

**Current Principal Place of Business:**

4315 FAY BLVD  
COCOA, FL 32927

**Current Mailing Address:**

P.O. BOX 1299  
SHARPES, FL 32959 US

**FEI Number: 20-0865340**

**Certificate of Status Desired: No**

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

TCB PROPERTY MANAGEMENT  
4315 FAY BLVD  
COCOA, FL 32927 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            SECRETARY  
Name            DADY, JON  
Address        2702 GLENRIDGE DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

Title            PRESIDENT  
Name            HRISTO, MARY B  
Address        3073 GLENRIDGE CIRCLE  
City-State-Zip: MERRITT ISLAND FL 32953

Title            DIRECTOR  
Name            JORDAN, GERALD  
Address        3163 GLENRIDGE CIRCLE  
City-State-Zip: MERRITT ISLAND FL 32953

Title            DIRECTOR  
Name            LUNDY, STEPHEN  
Address        2862 GLENRIDGE CIRCLE  
City-State-Zip: MERRITT ISLAND FL 32953

Title            DIRECTOR  
Name            DIAZ, NILSON  
Address        2732 GLENRIDGE CIRCLE  
City-State-Zip: MERRITT ISLAND FL 32953

Title            DIRECTOR  
Name            VALENTE, LOUANNA  
Address        2912 GLENRIDGE CIRCLE  
City-State-Zip: MERRITT ISLAND FL 32953

Title            TREASURER  
Name            MUELLER, SONIA  
Address        2812 GLENRIDGE CIRCLE  
City-State-Zip: MERRITT ISLAND FL 32953

*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: MARY HRISTO**

**PD**

**03/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date