

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

DOCUMENT# N04000002068

**FILED**  
**Jan 07, 2016**  
**Secretary of State**  
**CC9344278912**

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

**Current Principal Place of Business:**

137 S. COURTENAY PKWY  
#683  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

137 S. COURTENAY PKWY  
#683  
MERRITT ISLAND, FL 32952 US

**FEI Number: 20-0865340**

**Certificate of Status Desired: No**

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

TCB PROPERTY MANAGEMENT  
137 S. COURTENAY PKWY  
#683  
MERRITT ISLAND, FL 32952 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: RENAE J FOSTER**

**01/07/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DVP  
Name WOOD, MICHAEL  
Address 3052 GLENRIDGE DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

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 TREASURER  
Name MENDOZA, ELIZABETH  
Address 2592 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

*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**

**01/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date