

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732519

FILED
Mar 19, 2009
Secretary of State

Entity Name: PORT MALABAR UNIT 55 PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1101 CRICKET DR., NE
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

1101 CRICKET DR., NE
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 59-2030644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JAMES D PRES
1101 CRICKET DR NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, JAMES D P
Address: 1101 CRICKET DR NE
City-St-Zip: PALM BAY, FL 32907 US

Title: VP () Delete
Name: RHODES, LORAIN J VP
Address: 1101 CRICKET DRIVE NE
City-St-Zip: PALM BAY, FL 32907 US

Title: S () Delete
Name: JACKSON, JANE M S
Address: 1101 CRICKETT DRIVE NE
City-St-Zip: PALM BAY, FL 32907 US

Title: TR () Delete
Name: MILLS, KATHY T
Address: 1101 CRICKETT DR NE
City-St-Zip: PALM BAY, FL 32907 US

Title: D () Delete
Name: SHERIDAN, L M
Address: 1101 CRICKET DRIVE NE
City-St-Zip: PALM BAY, FL 32907 US

Title: D () Delete
Name: GALBRAITH, CLARA D
Address: 1101 CRICKET DRIVE NE
City-St-Zip: PALM BAY, FL 32907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANE JACKSON

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date