## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#739190** 

FILED Apr 02, 2006 Secretary of State

Entity Name: PORT MALABAR HOLIDAY PARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

215 HOLIDAY PARK BLVD., N.E. PALM BAY, FL 32907

Current Mailing Address: New Mailing Address:

215 HOLIDAY PARK BLVD., N.E. PALM BAY, FL 32907

FEI Number: 59-1778604 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KERBER, KATHLEEN
215 HOLIDAY PARK BLVD
PALM BAY, FL 32907 US

KERBER, KATHLEEN
405 HOLIDAY PARK BLVD
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: KATHLEEN KERBER 04/02/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DCP () Delete (X) Change ( ) Addition MATTON, PHIL WROBEL, MARIE Name: Name: 265 HOLIDAY PARK BLVD NE Address: 1126 PLEASANT CT. Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907 Title: () Delete Title: () Change () Addition KERBER, KATHLEEN Name: Name: Address: 405 HOLIDAY PARK BLVD, N.E. Address:

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:

 Title:
 D1VC
 ( ) Delete
 Title:
 D1VC
 (X) Change ( ) Addition

 Name:
 WROBEL, MARIE
 Name:
 BARBARA, FAHNDRICH

 Address:
 1126 PLEASANT CT.
 Address:
 1165 PARKVIEW CT.

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:
 PALM BAY, FL 32907

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LESTER, NETTIE
 Name:

 Address:
 1256 DOVE CT
 Address:

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 GAUGHAH, JOANNE
 Name:

 Address:
 241 BERRY CT NE
 Address:

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 MURPHY, RICHARD

 Address:
 Address:
 1270 DOVE CT.

 City-St-Zip:
 City-St-Zip:
 PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN KERBER T 04/02/2006