

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739190

FILED
Jan 14, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1778604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERBER, KATHLEEN
405 HOLIDAY PARK BLVD
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: DCP () Delete
Name: WROBEL, MARIE
Address: 1126 PLEASANT CT.
City-St-Zip: PALM BAY, FL 32907

Title: T () Delete
Name: KERBER, KATHLEEN
Address: 405 HOLIDAY PARK BLVD. N.E.
City-St-Zip: PALM BAY, FL 32907

Title: D1VC () Delete
Name: BARBARA, FAHNDRICH
Address: 1165 PARKVIEW CT.
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: LESTER, NETTIE
Address: 1256 DOVE CT
City-St-Zip: PALM BAY, FL 32907

Title: S () Delete
Name: GAUGHAN, JOANNE
Address: 241 BERRY CT NE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: MURPHY, RICHARD
Address: 1270 DOVE CT.
City-St-Zip: PALM BAY, FL 32907

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 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

01/14/2007

Electronic Signature of Signing Officer or Director

Date