

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 745525

1. Entity Name

PRO'S NEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

625 SOUTHWIND CIRCLE., APT 102
N. PALM BEACH, FL 33408-5314

Mailing Address

625 SOUTHWIND CIRCLE., APT 207
N. PALM BEACH, FL 33408-5314



04132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2066653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHELLE TYREE
625 SOUTHWIND CIRCLE
APT 207
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BERGSMA, SCOTT
STREET ADDRESS 625 SOUTHWIND #210
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE T
NAME TYREE, MICHELLE
STREET ADDRESS 625 SOUTHWIND #207
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE D
NAME KNOX, CHARLES
STREET ADDRESS 625 SOUTHWIND CIRCLE., APT 102
CITY-ST-ZIP N. PALM BEACH, FL 334085314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000524724
05/04/06-80001-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06

561-718-0240