

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90041 038 ****61.25

DOCUMENT # 763107

1. Entity Name

PALM BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5041 NORTH BEACH ROAD
#1-A
ENGLEWOOD FL 34223
US

Mailing Address

1517 ROOSEVELT DR.
VENICE FL 34293
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

8389 CREEKVIEW LN.

City & State

City & State

ENGLEWOOD, FL

Zip

Country

Zip

Country

34224

4. FEI Number

59-2193000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARKO, FRANK L
1572 ROOSEVELT RD
VENICE FL 34293

Name

FRANK L. CLARKO

Street Address (P.O. Box Number is Not Acceptable)

8389 CREEKVIEW LN.

City

ENGLEWOOD

FL

Zip Code

34224

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 reappointing)

Frank L. Clarko

2/3/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **DAMON, ROBERT**
CITY-ST-ZIP **14451 ACORN COVE TRAIL**
BATTLE CREEK MI 49017

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **DAMON, JANET**
CITY-ST-ZIP **14451 ACORN COVE TRAIL**
BATTLE CREEK MI 49017-9245

TITLE ☒ Delete
NAME **DT**
STREET ADDRESS **CLARKO, FRANK L**
CITY-ST-ZIP **1517 ROOSEVELT DR**
VENICE FL 34253

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DT**
STREET ADDRESS **CLARKO, FRANK L.**
CITY-ST-ZIP **8389 CREEKVIEW LN.**
ENGLEWOOD, FL 34224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Frank L. Clarko **FRANK L. CLARKO**