

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770248

**FILED**  
**Apr 01, 2004**  
**Secretary of State****Entity Name:** PVSW HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1504 WINDJAMMER LANE  
ST. AUGUSTINE, FL 32084 US**New Principal Place of Business:****Current Mailing Address:**1504 WINDJAMMER LANE  
ST. AUGUSTINE, FL 32084 US**New Mailing Address:****FEI Number:** 59-2433779**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TUBEL, WAYNE  
1504 WINDJAMMER LANE  
ST. AUGUSTINE, FL 32084 US**Name and Address of New Registered Agent:**LAYTON, MIKE  
500 SEAGATE LN S  
ST. AUGUSTINE, FL 32084 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: MIKE LAYTON

04/01/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TUBEL, WAYNE  
Address: 1905 WINDJAMMER LANE  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: VD (X) Delete  
Name: BLAKE, ROBERT  
Address: 1602 WINDJAMMER LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD ( ) Delete  
Name: KILLMON, BOB  
Address: 4404 SEAGATE LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD ( ) Delete  
Name: NEFF, KAY  
Address: 1904 WINDJAMMER LANE  
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KILLMON, BOB  
Address: 4404 SEAGATE LN N  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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

Title: SD (X) Change ( ) Addition  
Name: BEVERAGE, BRUCE  
Address: 2803 SEAGATE LN N  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD (X) Change ( ) Addition  
Name: LAYTON, MIKE  
Address: 500 SEAGATE LN S  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIKE LAYTON

TD

04/01/2004

Electronic Signature of Signing Officer or Director

Date