

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90364 036 ****61.25

DOCUMENT # 770248

1. Entity Name
PVSW HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
1504 WINDJAMMER LANE
ST. AUGUSTINE, FL 32084 US

Mailing Address
1504 WINDJAMMER LANE
ST. AUGUSTINE, FL 32084 US

40033989



DO NOT WRITE IN THIS SPACE

01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2433779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RON, PIERLE
301 FIFTH ST
ST AUGUSTINE, FL 32080

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PIERLE, RON
STREET ADDRESS 1504 WINDJAMMER LA
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE VP
NAME SPADAFORA, DUILIO
STREET ADDRESS 1504 WINDJAMMER LA
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE SEC
NAME ROBINSON, CYNTHIA
STREET ADDRESS 1504 WINDJAMMER LA
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #