

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90026 010 ****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	
2. Principal Place of Business, No P.O. Box # 1512 Lake Mead Avenue Suite, Apt. #, etc. Suite 405 City & State Jacksonville, Florida Zip 32256 Country USA		3. Mailing Address 7643 Gate Parkway Suite, Apt. #, etc. Suite 104 PMB 188 City & State Jacksonville, Florida Zip 32256 Country USA	
4. FEI Number 59-2433779		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04102008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent RON, PIERLE 301 FIFTH ST ST AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name Kim Balaskiewicz Street Address (P.O. Box Number is Not Acceptable) 1512 Lake Mead Ave Suite 405 City Jacksonville FL Zip Code 32256	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Kim Balaskiewicz <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		DATE 4-10-08	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME PIERLE, RON STREET ADDRESS 1504 WINDJAMMER LA CITY-ST-ZIP ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SPADAFORA, DUILIO STREET ADDRESS 1504 WINDJAMMER LA CITY-ST-ZIP SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE T NAME Duilio Spadafora STREET ADDRESS 3703 Windjammer Lane CITY-ST-ZIP St. Augustine, Florida 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME ROBINSON, CYNTHIA STREET ADDRESS 1504 WINDJAMMER LA CITY-ST-ZIP ST AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete	TITLE D NAME Tom Robinson STREET ADDRESS 1703 Windjammer Lane CITY-ST-ZIP St. Augustine, Florida 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE S NAME Cynthia Robinson STREET ADDRESS 1703 Windjammer Lane CITY-ST-ZIP St. Augustine, Florida 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE YP NAME Bob Wagner STREET ADDRESS 2304 Windjammer Lane CITY-ST-ZIP St. Augustine, Florida 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Kim Balaskiewicz <small>Date</small> 4-10-08 <small>Daytime Phone #</small> 904-641-1858	