2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 770248

Entity Name: PVSW HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11512 LAKE MEAD AVENUE
SUITE 405
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

7643 GATE PARKWAY
SUITE 104 PMB 188
JACKSONVILLE, FL 32256 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:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVE
SUITE 405
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PIERLE, RON
Address: 1504 WINDJAMMER LA
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T ( ) Delete
Name: SPADAFORA, DUILIO
Address: 3703 WINDJAMMER LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: ROBINSON, TOM
Address: 1703 WINDJAMMER LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S ( ) Delete
Name: ROBINSON, CYNTHIA
Address: 1703 WINDJAMMER LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP ( ) Delete
Name: WAGNER, BOB
Address: 2304 WINDJAMMER LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PIERLE, RON
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD (X) Change ( ) Addition
Name: WAGNER, BOB
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Change ( ) Addition
Name: SPADAFORA, DUILIO
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Change ( ) Addition
Name: ROBINSON, CYNTHIA
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: ROBINSON, WILLIAM
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIM BALASKIEWICZ MGR 04/07/2009

Electronic Signature of Signing Officer or Director — Date