

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90163 039 \*\*\*150.00

**DOCUMENT # F04000002079**

1. Entity Name  
PC CONDOMINIUM MANAGEMENT, INC.



Principal Place of Business  
3500 EASTERN BOULEVARD  
MONTGOMERY, AL 36116

Mailing Address  
3500 EASTERN BOULEVARD  
MONTGOMERY, AL 36116

**50047299**



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0858558

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	ARONOV, JAKE F
STREET ADDRESS	3500 EASTERN BOULEVARD
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	VCVP
NAME	ARONOV, OWEN W
STREET ADDRESS	3500 EASTERN BOULEVARD
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	S
NAME	AUTREY, JENNIFER P
STREET ADDRESS	3500 EASTERN BOULEVARD
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer P. Autrey

4/29/05

Date

334-277-1000

Daytime Phone #