2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 07, 2006 08:00 Al Secretary of State

ANNUAL REPORT					1346	507, 2000 00.0
1. Entity Nan	MENT # F96795 PRICA COMMUNITIES, INC.				3	Secretary of St
505 S FLAGI STE 401	De of Business LER DR BEACH, FL 33401 US	Mailing Address 505 S FLAGLER DR STE 401 WEST PALM BEACH, FL 33401	ı US	 - 		# 8.80
C	OO NOT WRITE	IN THIS SPA	CE	07052006 4. FEI Numb 59-22	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	<u> </u>			r ee Reduired
FROMSON, SHELDON 505 S FLAGLER DRIVE SUITE 401 WEST PALM BEACH, FL 33401			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for itoms of registered agent.	he purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE; Registered	d Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND D	IRECTORS	<u> </u>		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROMSON, SHELDON 505 S FLAGLER DR STE 401 WEST PALM BEACH, FL 33401					
TITLE NAME STREET ADDRESS CITY+ST-ZIP					U0000(08/07/06	0573658 -80006-011 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	:	IN.	THIS SP	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME			ĺ			

12. Thereby certify that the information supplied with his 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 reports 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 impower of 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 accuracy and other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

AE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/06 561-832-8200