

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90328 013 ****61.25

DOCUMENT # N00000000246

1. Entity Name
**PROSPERITY HARBOR NORTH TOWNHOMES
ASSOCIATION, INC.**



Principal Place of Business
**C/O CAPITAL REALTY ADVISORS INC
600 SANDTREE DR STE 109
WEST PALM BEACH, FL 33403 US**

Mailing Address
**600 SANDTREE DR
STE 109
WEST PALM BEACH, FL 33403 US**

40072114



2. Principal Place of Business
275 TONEY PENNA DR.

3. Mailing Address
275 TONEY PENNA DR

Suite, Apt. #, etc.
#7

Suite, Apt. #, etc.
#7

City & State
JUPITER FL

City & State
JUPITER, FL

Zip
33458

Zip
33458

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0975245

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDONALD, DONNA
C/O CAPITAL REALTY ADVISORS INC
600 SANDTREE DR STE 109
WEST PALM BEACH, FL 33403**

7. Name and Address of New Registered Agent

Name **CRAIG KUNKLE**
Street Address (P.O. Box Number is Not Acceptable)
275 TONEY PENNA DRIVE, #7
City **JUPITER** FL Zip Code **33458**

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

CRAIG KUNKLE

4-25-06

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PFEIFFER, RICK**
STREET ADDRESS **740 CABLE BEACH LANE**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33410**

TITLE **VP** ☐ Delete
NAME **LACHANCE, CHRIS**
STREET ADDRESS **757 CABLE BEACH LANE**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33410**

TITLE **SECRETARY** ☐ Delete
NAME **GALLAGHER, ELLEN**
STREET ADDRESS **738 CABLE BEACH LANE**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33410**

TITLE **D** ☐ Delete
NAME **MENAKER, WAYNE**
STREET ADDRESS **705 CABLE BEACH LANE**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Marie Boyle**
STREET ADDRESS **743 Cable Beach Lane**
CITY-ST-ZIP **North Palm Beach, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RICK PFEIFFER

4-25-06

561-575-7792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #