2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N00012 PRES PROPERTY OWNER	RS ASSOCIATION, I	INC.				5 90013 027 ***	*61.25	
Principal Place of Business Mailing Address 835 20TH PLACE 835 20TH PLACE VERO BEACH, FL 32960 VERO BEACH, FL 32960				,	4004	2140			
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022006	Chg-NP	CR2E037 (11/05)	ł	
City & State		City & State			4. FEI Number 59-23446	73		Applied For	
Zip	Country	Zip	Cour	ntry	5. Certificate of S	Status Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Curren	t Registered Agent			7. Name and Ad	Idress of New R	Registered Agent		
MEDDILL	KARENI		i	Name					
MERRILL, KAREN L 835 20TH PLACE VERO BEACH, FL 32960				Street Address (P.O. Box Number is Not Acceptable)					
				City			⊢ Zip Co	.51	
				City			FL Zip Co	KG 8	
	named entity submits this statement fi ions of registered agent. Signature, typed or printed name of registered agent.				quired when reinstating)	in the State of Fin	DATE	n, and accept	
	Filing Fee Is \$61.25 Due by May 1, 2006	9. Election C Trust Fund	Campaign Fi d Contribution		\$5.00 May Be Added to Fees		lake check payable rida Department of		
10.		Trust Fund		on.	Added to Fees ADDITIONS/CHANG	Flor		State	
10.	OFFICERS AND D	Trust Fund	d Contribution 11. TITLE	on. 🗆	Added to Fees ADDITIONS/CHANGE	Floi GES TO OFFICE	rida Department of	State IN 10	
TITLE NAME	OFFICERS AND D SD AUGUSTINE, PAULA	Trust Fund	d Contribution 11. TITLE NAME	on. 🗆	Added to Fees ADDITIONS/CHANGE	Floi GES TO OFFICE	rida Department of	State IN 10	
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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.

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SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR