

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90003 038 *****61.25

DOCUMENT # N00810

1. Entity Name

PR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1863
PALM CITY FL 34991
US

Mailing Address

P.O. BOX 1863
PALM CITY FL 34991
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2382172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZALBEN, JERRY
3665 F SW QUAIL MEADOW
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW: 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 DVP ☐ Delete
NAME PETTINICCHIO, MIKE
STREET ADDRESS 3683 SW PHEASANT RUN CIR
CITY-ST-ZIP PALM CITY FL 34990

TITLE DT ☐ Delete
NAME COMBRS, DON
STREET ADDRESS 3663 SW PHEASANT RUN CIR
CITY-ST-ZIP PALM CITY FL 34990

TITLE DS ☐ Delete
NAME VILLANO, MIKE
STREET ADDRESS 3694 SW PHEASANT RUN
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ Delete
NAME PAULOS, TED
STREET ADDRESS 3743 SW PHEASANT RUN CIR
CITY-ST-ZIP PALM CITY FL 34990

TITLE DP ☐ Delete
NAME BREWER, ERRA
STREET ADDRESS 3643 PHEASANT RUN
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Erna J Brewer Pres.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: