

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003706	
1. Entity Name PELL MANOR #3 HOMEOWNERS'S ASSOCIATION, INC.	

Principal Place of Business 2458 POLK STREET, #101 HOLLYWOOD FL 33020	Mailing Address 2458 POLK STREET, #101 HOLLYWOOD FL 33020
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 77-0631944	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLAZER AND ASSOCIATES, P.A. 1920 E HALLANDALE BEACH BLVD HALLANDALE FL 33009
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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 of registered agent and not employee) **DATE** _____ (NOTE: Registered Agent signature must include date when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SHAYS, JOYCE 2458 POLK STREET, #101 HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000801592 02/01/08-80024-013 61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BIANCO, NATALE P 2458 POLK STREET, #201 HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BEATRICE, JANET 2458 POLK STREET, #208 HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DBM SACCA, JOHN 2458 POLK STREET, #105 HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	BM GEORGOPOULOS, PETER 2458 POLK STREET, #206 HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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: *James Shays President*