

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005434

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** PEARL OF THE SEA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

642 LOGGERHEAD ISLAND DR.  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

642 LOGGERHEAD ISLAND DR.  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 74-3151031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIHATOVIC, NIKO  
642 LOGGERHEAD ISLAND DR.  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MIHATOVIC, NIKO  
Address: 642 LOGGERHEAD ISLAND DR.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DS ( ) Delete  
Name: GOLDSTEIN, ROBIN  
Address: 642 LOGGERHEAD ISLAND DR.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DT ( ) Delete  
Name: ROBBINS, GAYLEN  
Address: 11231 SW 69TH CT.  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKO MIHATOVIC

DP

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date