


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 019 ****61.25

DOCUMENT # N05000005434

1. Entity Name
PEARL OF THE SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**642 LOGGERHEAD ISLAND DR.
 SATELLITE BEACH, FL 32937**

Mailing Address
**642 LOGGERHEAD ISLAND DR.
 SATELLITE BEACH, FL 32937**



2. Principal Place of Business - No P.O. Box #
300 North First St

3. Mailing Address
300 North First St

Suite, Apt. #, etc.

02102008 Chg-NP CR2E037 (12/06)

City & State
Cocoa Beach FL

City & State
Cocoa Beach FL

Zip
32931

Country
USA

4. FEI Number
74-3151031

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Marilyn A. Rigerman

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

City
Cocoa Beach FL

Zip Code
32931

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 *Marilyn A. Rigerman* **Marilyn A. Rigerman** 5-20-08
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, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MIHATOVIC, NIKO 642 LOGGERHEAD ISLAND DR. SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDSTEIN, ROBIN 642 LOGGERHEAD ISLAND DR. SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBBINS, GAYLEN 11231 SW 69TH CT. MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP John Weyrick 47 Cranshaw Court Centerville OH 45458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP John Bianchi 214 Sweet Street Rockledge FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Scott Joseph 1705 Briarcliff Drive Orlando FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Jon Reemos 2810 Wesley Street Orlando FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Weyrick* **John Weyrick** 5-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #