


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N05574 1. Entity Name PARK ROW VILLAS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 490 AMHERST CIRCLE E SATELLITE BEACH, FL 32937	Mailing Address 325 3RD AVE INDIALANTIC, FL 32903
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2492248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAZIANO, VINCENT
490 AMHERST CIRCLE EAST
SATELLITE BEACH, FL 32937**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAZIANO, VINCENT 490 AMHERST CIRCLE E SATELLITE BCH., FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AHMED, SOROSH 1010 MARY JOYE AVENUE SATELLITE BCH., FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALENCAR, DAN 1030 MARY JOYE AVE SATELLITE BEACH, FL 32937
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05/16/07-80072-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Vincent Graziano Vincent Graziano 4-25-07 321-773-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #