

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05574**

1. Entity Name  
**PARK ROW VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**490 AMHERST CIRCLE E  
SATELLITE BEACH, FL 32937**

Mailing Address  
**325 3RD AVE  
INDIALANTIC, FL 32903**



02252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2492248**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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**

U00000937677  
05/27/08-80055-003 61.25

**10. OFFICERS AND DIRECTORS**

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

**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:**

*Vince Graziano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vince Graziano - 4-29-8 - 321-773-6990  
Date Daytime Phone #