

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 018 ****61.25

DOCUMENT # N15009 1. Entity Name THE NIMITZ & BYRD COURTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1376 NIMITZ COURT P.O. BOX 560781 ROCKLEDGE, FL 32956-0781 US				Mailing Address PO BOX 560781 ROCKLEDGE, FL 32956-0781 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2986655	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOLDMAN-MITCHELL S 9600 WILLARD STREET SUITE 302 COCOA, FL 32922				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, MAUREEN A		NAME	Jeff Pearce	
STREET ADDRESS	1379 BYRD COURT		STREET ADDRESS	1389 Byrd Ct.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Rockledge FL 32955	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTOPKA, LOUIS		NAME	Debbie Doyle	
STREET ADDRESS	1361 NIMITZ CT		STREET ADDRESS	1385 Nimitz Ct.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Rockledge FL 32955	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIELS, VICKI		NAME	Cathy Brown	
STREET ADDRESS	1376 BYRD COURT		STREET ADDRESS	1372 Nimitz Ct.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Rockledge FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZESTUTKA, JEROME		NAME	Carole McKinley	
STREET ADDRESS	1374 BYRD COURT		STREET ADDRESS	1395 Byrd Ct.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Rockledge FL 32955	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, MARCIA		NAME	Marcia French	
STREET ADDRESS	1386 NIMITZ COURT		STREET ADDRESS	1386 Nimitz Ct.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Rockledge FL 32955	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Marcia French			2-20-06 3216384868		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		