

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 033 ****61.25

DOCUMENT # N15009

1. Entity Name

**THE NIMITZ & BYRD COURTS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1376 NIMITZ COURT
P.O. BOX 560781
ROCKLEDGE FL 32956-0781
US

PO BOX 560781
ROCKLEDGE FL 32956-0781
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2986655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

FL

Zip Code

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

T NAME STREET ADDRESS CITY ST ZIP	PEARCE, JEFF 1389 BYRD CT ROCKLEDGE FL 32955	☐ Delete
T NAME STREET ADDRESS CITY ST ZIP	VD DOYLE, DEBBIE 1385 NIMITZ CT ROCKLEDGE FL 32955	☐ Delete
T NAME STREET ADDRESS CITY ST ZIP	S BROWN, CATHY 1372 NIMITZ CT ROCKLEDGE FL 32955	☐ Delete
T NAME STREET ADDRESS CITY ST ZIP	D MCKINLEY, CAROLE 1395 BYRD CT ROCKLEDGE FL 32955	☐ Delete
T NAME STREET ADDRESS CITY ST ZIP	PD FRENCH, MARCIA 1386 NIMITZ COURT ROCKLEDGE FL 32955	☐ Delete
T NAME STREET ADDRESS CITY ST ZIP	PD FRENCH, MARCIA 1386 NIMITZ CT ROCKLEDGE FL 32955	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T NAME STREET ADDRESS CITY ST ZIP	PEARCE MISSPELLING	☐ Change ☐ Addition
T NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
T NAME STREET ADDRESS CITY ST ZIP	S Presnick, Cathy 1372 Nimitz Ct Rockledge, FL 32955	☒ Change ☐ Addition
T NAME STREET ADDRESS CITY ST ZIP	D Moscicki, Yvonne 1390 Byrd Ct Rockledge, FL 32955	☒ Change ☐ Addition
T NAME STREET ADDRESS CITY ST ZIP	PD McDaniel, Vicki 1376 Byrd Ct Rockledge, FL 32955	☒ Change ☐ Addition
T NAME STREET ADDRESS CITY ST ZIP	PD McDaniel, Vicki 1376 Byrd Ct Rockledge, FL 32955	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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: *Vicki H. McDaniel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07 (32)254-6424 work home

Date

Daytime Phone #