


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N17790 1. Entity Name PEARL HOMEOWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 6277 BLANK DR. JACKSONVILLE, FL 32244	Mailing Address 6277 BLANK DR. JACKSONVILLE, FL 32244
---	---



04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0203095	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 KAYE, SHELIA 6277 BLANK DR. JACKSONVILLE, FL 32244

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	---	------------

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000154987 05/05/04-80019-012 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAYE, SHEILA 6277 BLANK DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WRIGHT, MORRIS 6283 BLANK DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WRIGHT, MORRIS 6283 BLANK DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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: <u>Sheila Kaye</u> <u>Sheila Kaye</u> <u>4-22-04</u> <u>904 772-1263</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
---	---------------------	--------------------------------