

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2005 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



04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0203095

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAYE, SHEILA
6277 BLANK DR.
JACKSONVILLE, FL 32244

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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

Sheila Kaye *Sheila Kaye*

8-30-05

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KAYE, SHEILA
STREET ADDRESS 6277 BLANK DR
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE SD
NAME WRIGHT, MORRIS
STREET ADDRESS 6283 BLANK DR
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE TD
NAME WRIGHT, MORRIS
STREET ADDRESS 6283 BLANK DR
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Sheila Kaye *Sheila Kaye* 8-30-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 772-1263