

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N22524

1. Entity Name
P & I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**187 S ATLANTIC AVENUE
P.O. BOX 5386, 149 BROADWAY
ORMOND BEACH, FL 32176-6620 US**

Mailing Address

**P O BOX 306
ORMOND BCH, FL 32175-0306 US**



03262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3001407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWEET, JEFFREY C.
595 W GARANADA BLVD STE A
ORMOND BEACH, FL 32174**

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLBERT, NELL
STREET ADDRESS 187 S. ATLANTIC AVE.
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE STD
NAME KULZER, CAROL A
STREET ADDRESS 313 TIMBERLINE DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME EYCKE, JOAN D
STREET ADDRESS 703 VIRGINIA TERR
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VPD
NAME BANKS, THOMAS
STREET ADDRESS 187 S ATLANTIC AVENUE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D
NAME KULZER, JEFFREY
STREET ADDRESS 50 RIVER BEACH DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000928277
05/16/08-80023-020 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-08

386-877-2331