## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90211 017 \*\*\*\*61.25

DOCUMENT # N37137  1. Entity Name PH HOMEOWNERS' ASSOCIATION, INC.											
Principal Place of Business 6767 N. WICKHAM RD SUITE 213 MELBOURNE, FL 32940 US			Mailing Address PO BOX 410759 MELBOURNE, FL 329	41 US	8		(AEMS) AFR DIN	, r <b>est</b> i n <b>ets</b> mu	JBP1 81911 81511 81	<b>2</b> 11 <b>812</b> 11 <b>818</b> 14 <b>81</b> 2	111 <b>81 8</b> 1 2 <b>98</b> 1
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			050	12006 C	Chg-NP	CR2E	037 (4/06)	
City & State			City & State				El Number 69-31682	65		<del> </del>	oplied For ot Applicable
Zip	Zip Country		Zip Cou		intry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and	Address of Current R	legistered Agent			7. Na	ame and Ad	dress of New	Registered	Agent	
ADVANCED PROPERTY MANAGEMENT					Name						
ADVANCED PROPERTY MANAGEMENT   6767 N. WICKHAM RD   SUITE 213						ess (P.O. Bo	(P.O. Box Number is Not Acceptable)				
MELBOUF	RNE, FL 3294	0									
					City				FL	Zip Cod	е
8. The above the obligat	named entity sub tions of registered	mits this statement for agent.	the purpose of changing its	registere	ed office or reg	istered age	nt, or both, in	n the State of I	Florida. I am	familiar with,	and accept
SIGNATURE		ted name of registered agent ar	nd little if applicable (NOT	E: Registered	d Agent signature re	quired when rein	rstating)		DATE		<del></del> -
Due by May 1, 2006				mpaign F	inancino	er 0	0		Make chec	k payable t	•
	Due by May	1, 2006	Trust Fund (				O May Be I to Fees			rtment of S	
10.	,	1, 2006 OFFICERS AND DIRE	Trust Fund (		on. $\square$	Added ADDITIO	to Fees	Fig SES TO OFFIC	orida Depar	rtment of S	tate
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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.