

FILED

Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90030 004 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORTV
CACCOUNTING MONTH 1 INITIALS _____

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0488558 Applied For
Not Applicable5. 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

PROPERTY MANAGEMENT RESOURCES, INC
4000 S 57TH AVE STE. #101
LAKE WORTH, FL 33463

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 reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 20079. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PARISI, JOHN
STREET ADDRESS 10901 TAMARON LANE
CITY-ST-ZIP BOCA RATON, FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPD ☐ Delete
NAME AMBROSIO, JOSEPHINE
STREET ADDRESS 10950 N. DANBURY WAY
CITY-ST-ZIP BOCA RATON, FL 33498TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☐ Delete
NAME ZEBROROSKI, WAYNE
STREET ADDRESS 10848 TAMORON LN
CITY-ST-ZIP BOCA RATON, FL 33498TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☐ Delete
NAME KLEIN, ERIC
STREET ADDRESS 10869 OLD BRIDGE PORT LANE
CITY-ST-ZIP BOCA RATON, FL 33498TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME LOMENZO, MICHAEL
STREET ADDRESS 10896 TAMORON LANE
CITY-ST-ZIP BOCA RATON, FL 33498TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #