

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90420 004 \*\*\*\*61.25

**DOCUMENT # N97000004411**

1. Entity Name  
P.B. HOMEOWNERS ASSN., INC.



Principal Place of Business  
14386 PELICAN BAY COURT  
JACKSONVILLE, FL 32224

Mailing Address  
PO BOX 51602  
JACKSONVILLE BEACH, FL 32240

**50013240**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

14432 Pelican Bay Court  
Jacksonville, FL 32224

City & State

4. FEI Number  
59-3466206

Applied For  
Not Applicable

Country

Zip

Country

5. 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

BARTLETT, BARON L  
50 HIGHWAY A1A STE. 103  
PONTE VEDRA BEACH, FL 32082

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME WATSON, JASON ☒ Delete  
STREET ADDRESS 1445 PELICAN BAY CT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☒ Change ☐ Addition  
NAME Jeanne Curry, President  
STREET ADDRESS 14432 Pelican Bay Court  
CITY-ST-ZIP Jacksonville, FL 32224

TITLE VP  
NAME BOMMARITO, CHARYL ☒ Delete  
STREET ADDRESS 14390 PELICAN BAY CT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☒ Change ☐ Addition  
NAME Seneca Godamunne, Vice President  
STREET ADDRESS 14442 Pelican Bay Court  
CITY-ST-ZIP Jacksonville, FL 32224

TITLE T  
NAME SIBLEY, CAROL ☐ Delete  
STREET ADDRESS 14380 PELICAN BAY CT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DCARDEN, DORIS ☒ Delete  
STREET ADDRESS 14407 PELICAN BAY CT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Change ☒ Addition  
NAME Doris Durden, Director  
STREET ADDRESS 14407 Pelican Bay Court  
CITY-ST-ZIP Jacksonville, FL 32224

TITLE S  
NAME GEIGES, PATCICIA ☒ Delete  
STREET ADDRESS 14405 PELICAN BAY CT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☒ Change ☐ Addition  
NAME Rebecca Pearson, Secretary  
STREET ADDRESS 14420 Pelican Bay Court  
CITY-ST-ZIP Jacksonville, FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Patricia Geiger, Director  
STREET ADDRESS 14405 Pelican Bay Court  
CITY-ST-ZIP Jacksonville, FL 32224

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: *Jeane Curry* JEANE CURRY 4-11-06 904-798-7336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #