2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000004411

P.B. HOMEOWNERS ASSN., INC.

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Principal Place of Business 14432 PELICAN BAY CT JACKSONVILLE, FL 32224		Mailing Address PO BOX 51602 JACKSONVILLE BEACH, FL 32240			6001819	8		
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262007 Ch	g-NP CR2E	037 (12/06)		
City & State		City & State		4. FEI Number 59-3466206		Арі	olied For	
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Addi		
	6. Name and Address of Current	t Registered Agent		7. Name and Addr	ess of New Registered		<u>'</u>	
'			Name			- / 194111		
BARTLETT, BARON L 50 HIGHWAY A1A STE. 103 PONTE VEDRA BEACH, FL 32082			Street Addres		s (P.O. Box Number is Not Acceptable)			
 ;			City		F	Zip Code	•	
	named entity submits this statement f	for the purpose of changing its re	egistered office or regis	stered agent, or both, in t			and accept	
	tions of registered agent.		- 5	,				
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SIGNATURE	•						1	
0/0/////	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE			
	Signature, typed or printed name of registered agen		Registered Agent signature requ	uired when reinstating)	DATE			
	Signature, typed or priviled name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	n and title if applicable. (NOTE: 9. Election Carry Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make che	eck payable to	I	
10.	Fillng Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make che	ock payable to artment of St DIRECTORS IN	ate	
10.	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing partition.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make che Florida Dep ES TO OFFICERS AND	eck payable to artment of St	ate	
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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.

IEANNE CURRY. President JEANNE CURRY, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 22, 2007 8:00 am Secretary of State 02-22-2007 90025 003 ****61.25