

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90016 008 ***150.00

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1. Entity Name
**PROFESSIONAL COMMUNITY ASSOCIATION
MANAGEMENT, INC.**



Principal Place of Business
**21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 33029-1807**

Mailing Address
**21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 33029-1807**



2. Principal Place of Business
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number ☒ Applied For
☐ Not Applicable

Zip 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

**YECORA, RICHARDO
21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 33029-1807**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
YECORA, RICHARDO
21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 330291807 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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YECORA, ALEIDA R
21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 330291807 ☐ Delete

TITLE
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☐ Change ☐ Addition

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 607, 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

3/31/06

954-430-3850

Director Phone #