

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90104 018 ****61.25



DOCUMENT # N03381
 1. Entity Name
PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business: **6522 ELEANOR DR, PORT RICHEY FL 34668, US**
 Mailing Address: **6522 ELEANOR DR, PORT RICHEY FL 34668, US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: **1st MOORE CR2E037 (10/04)**

4. FEI Number: **59-2482965** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



5. Name and Address of Current Registered Agent: **BADGER, GAIL, 6522 ELEANOR DR, PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: *Gail Badger* *Gail Badger* DATE: **4/8/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005.

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	LAROSA, JAMES 6522 ELEANOR DR PORT RICHEY FL 34668	TITLE: Larose	
TITLE: V	GALLAGHER, STAN 6511 CATHY DR PORT RICHEY FL 34668	TITLE: Romig, William 6527 Eleanor Drive Port Richey, FL 34668	
TITLE: T	FLETCHER, DIANNE 6511 CATHY DRIVE PORT RICHEY FL 34668	TITLE: Holben, Dorothy 11418 Rohrman Drive Port Richey, FL 34668	
TITLE: S	BADGER, GAIL 6522 ELEANOR DR PORT RICHEY FL 34668	TITLE:	
TITLE: D	GERACE, DOMENIC 6523 CATHY DR PORT RICHEY FL 34668	TITLE: Harry Capon 6519 Cathy Drive Port Richey, FL 34668	
TITLE: D	GERACE, NOELLA 6523 CATHY DR PORT RICHEY FL 34668	TITLE:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James Larose* **James Larose** **President** DATE: **4/8/05** DAYTIME PHONE #: **727-858-2719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #