


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 031 ****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		3. Mailing Address PO Box 471	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Port Richey FL	
Zip	Country	Zip	Country
		34673	USA



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2482965		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. 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 Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 3/27/06
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAROSE, JAMES 6522 ELEANOR DR PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMIG, WILLIAM 6527 ELEANOR DR PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnson, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6514 Cathy Drive Port Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLBEN, DOROTHY 11418 ROHRMAN DR PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BADGER, GAIL 6522 ELEANOR DR PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPON, LARRY 6519 CATHY DR PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERACE, NOELLA 6523 CATHY DR PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: James Larose James Larose 3/27/06 727-858-2719