


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90185 043 ****61.25

DOCUMENT # N03381					
1. Entity Name PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
6522 ELEANOR DR PORT RICHEY FL 34668 US		11418 Rohrman Rd POB 471 PORT RICHEY FL 34673 US			
2. Principal Place of Business - No P.O. Box # 6515 Ruth Dr		3. Mailing Address			
Suite, Apt. #, etc. PORT RICHEY, FL		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2482965	
Zip 34668		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BADGER, GAIL 6522 ELEANOR DR PORT RICHEY FL 34668			Name: MARIANNE FALKENBERG Street Address (P.O. Box Number is Not Acceptable): 6515 RUTH DR. PORT RICHEY, City: FL Zip Code: 34668		
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: <u>Marianne Falkenberg</u>			DATE: <u>4/3/07</u>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007			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
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. ROGER BLATTER 6614 CATHY DR PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHNSON, ROBERT 6514 CATHY DR PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. WAYNE FALKENBERG 6515 RUTH DR. PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	DIR TIMMOTHY PASSMORE 6530 RUTH DR PORT RICHEY, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BADGER, GAIL 6522 ELEANOR DR PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. MARIANNE FALKENBERG 6515 RUTH DR PORT RICHEY, FL 34668	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR ANNA VANDYK 6518 RUTH DR PORT RICHEY, FL 34668	<input checked="" 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 all other like empowered.

SIGNATURE: Marianne Falkenberg 4/3/07 727-919-5392