


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90017 001 ****61.25

DOCUMENT # N03381

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



Principal Place of Business
6515 RUTH DR
PORT RICHEY, FL 34668 US

Mailing Address
POB 471
PORT RICHEY, FL 34673 US



2. Principal Place of Business - No P.O. Box #
6503 RUTH DR
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03252008 Chg-NP CR2E037 (12/06)

City & State
PORT RICHEY, FL

City & State
 City & State

Zip
34668 Country **US**

Zip Country

4. FEI Number
59-2482965

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FAULKENBERG, MARIANNE
~~6515 RUTH DR~~
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name ~~FAULKENBERG, MARIANNE~~ **FAULKENBERG, WAYNE**

Street Address (P.O. Box Number is Not Acceptable)
6503 RUTH DR

City **PORT RICHEY** 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 *Wayne Falkenberg* **PRES.** DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2008

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		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLATTER, ROGER	
STREET ADDRESS	6614 CATHY DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FALKENBERG, WAYNE	
STREET ADDRESS	6515 RUTH DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLBEN, DOROTHY	
STREET ADDRESS	11418 ROHRMAN DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FALKENBERG, MARIANNE	
STREET ADDRESS	6515 RUTH DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPON, LARRY	
STREET ADDRESS	6519 CATHY DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDYK, ANNA	
STREET ADDRESS	6518 RUTH DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALKENBERG, WAYNE	
STREET ADDRESS	6503 RUTH DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668-1344	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISI, MARCO	
STREET ADDRESS	PO BOX 6122	
CITY-ST-ZIP	HUDSON, FL 34674-6127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISI, GEORGETTE	
STREET ADDRESS	PO BOX 6122	
CITY-ST-ZIP	HUDSON, FL 34674-6127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Wayne Falkenberg* **PRES.** Date _____ Daytime Phone # **(727) 99-5396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR