


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90002 012 ****61.25

DOCUMENT # N38036 1. Entity Name PLEASANT GROVE PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O JEANNETTE M. HAAG 452 PLEASANT GROVE ROAD INVERNESS, FL 34452 US			Mailing Address C/O JEANNETTE M. HAAG 452 PLEASANT GROVE ROAD INVERNESS, FL 34452 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent HAAG, JEANNETTE M 452 PLEASANT GROVE RD. INVERNESS, FL 32652				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRANIE, ROBERT		NAME		
STREET ADDRESS	450 PLEASANT GROVE RD.		STREET ADDRESS		
CITY - ST - ZIP	INVERNESS, FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTON, DONALD		NAME		
STREET ADDRESS	450 PLEASANT GROVE RD.		STREET ADDRESS		
CITY - ST - ZIP	INVERNESS, FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAAG, JEANNETTE M		NAME		
STREET ADDRESS	452 PLEASANT GROVE RD.		STREET ADDRESS		
CITY - ST - ZIP	INVERNESS, FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: _____ <i>Director</i> 352-726-0901 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
1/11/2006 <small>Date</small>					



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3109615** ☐ Applied For ☐ Not Applicable

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