

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90218 037 ****61.25

DOCUMENT # N93000003439 1. Entity Name PIPKIN VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 5242 LAKELAND, FL 33807 US			Mailing Address PO BOX 5242 LAKELAND, FL 33807 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3203522	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SWEAT, WILLIAM A JR 2018 SOUTH FLORIDA AVENUE LAKELAND, FL 33806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P HUMPHREY, RICHARD 1228 DOSSEYWOOD LANE LAKELAND, FL 33811	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALLOY, JAMES 1229 DOSSEYWOOD LANE LAKELAND FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALLOY, JAMES 1229 DOSSEYWOOD LANE LAKELAND, FL 33811	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP K.E. HUSTON 1141 DOSSEYWOOD LANE LAKELAND FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON-CROWE, HEIDI 1152 DOSSEYWOOD LN LAKELAND, FL 33811	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRACKEMYER, KATHLEEN 1163 DOSSEYWOOD LANE LAKELAND, FL 33811	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IOZZIO, KATHY 1242 DOSSEYWOOD LANE LAKELAND, FL 33811	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUE KINKLE 1203 DOSSEYWOOD LANE LAKELAND FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVERT, ALICIA 4840 DOSSEYWOOD CT. LAKELAND, FL 33811	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY ELLEN BELL 4817 DOSSEYWOOD COURT LAKELAND FL 33811
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: Kathleen C Brackemyer, Treas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-22-06 863-640-2221 Date Daytime Phone #	
KATHLEEN C. BRACKEMYER					