

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90074 049 \*\*\*\*61.25

<b>DOCUMENT # N01000006557</b>					
<b>1. Entity Name</b> PLEASANT GARDENS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> P.O. BOX 2584 APOPKA, FL 32703			<b>Mailing Address</b> P.O. BOX 2584 APOPKA, FL 32703		
<b>2. Principal Place of Business</b> 2755 Border Lake Road Suite, Apt. #, etc. Suite 101 City & State Apopka, FL Zip 32703 Country USA		<b>3. Mailing Address</b> 2755 Border Lake Road Suite, Apt. #, etc. Suite 101 City & State Apopka, FL Zip 32703-4857 Country USA			
01202005    Chg-NP    CR2E037 (10/03)				<b>4. FEI Number</b> 01-0698655	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MCGUIRE, CHARLIE 250 PLEASANT GARDENS DR. APOPKA, FL 32703			<b>7. Name and Address of New Registered Agent</b> Name    Meridythe Kanaga Street Address (P.O. Box Number is Not Acceptable) 2755 Border Lake Road, Suite 101 City    Apopka <b>FL</b> Zip Code    32703		
<b>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.</b>					
SIGNATURE <i>Meridythe Kanaga</i> Meridythe Kanaga <i>2/23/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		<b>Filing Fee is \$61.25 Due by May 1, 2005</b>			
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGUIRE, CHARLIE 250 PLEASANT GARDENS DR. APOPKA, FL 32703 <input checked="" 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	VD JOHNSON, MICHELE 232 PLEASANT GARDENS DR. APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Johnson, Michelle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOURDON, NATALIE 238 PLEASANT GARDENS DR. APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alvarado Jr., Carlos 256 Pleasant Gardens Drive Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <i>Michelle Johnson</i> Michelle Johnson, Pres.    2/23/05    407-862-2292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					