2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N94000005629

Entity Name: PRETTY LAKE ESTATES HOA, INC.

Current Principal Place of Business:

16211 SENTRY WOODS CT
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

16210 SENTRY WOODS CT
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3275964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, DONALD J
16211 SENTRY WOODS CT
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	TURNER, ROBERT W	
Address:	16209 SENTRY WOODS COURT	
City-St-Zip:	ODESSA, FL 33556	
Title:	DT	( ) Delete
Name:	CIOTTI, ROBERT L	
Address:	16210 SENTRY WOODS CT.	
City-St-Zip:	ODESSA, FL 33556	
Title:	D	( ) Delete
Name:	SAHLSTEN, CARL W JR	
Address:	16203 SENTRY WOODS CT.	
City-St-Zip:	ODESSA, FL 33556	
Title:	D	( ) Delete
Name:	HELLIWELL, MARK J	
Address:	16213 SENTRY WOODS CT.	
City-St-Zip:	ODESSA, FL 33556	
Title:	DV	( ) Delete
Name:	BAKER, DONALD	
Address:	16211 SENTRY WOODS CT	
City-St-Zip:	ODESSA, FL 33556	
Title:	D	( ) Delete
Name:	WILLIAMS, WILLIAM C	
Address:	16205 SENTRY WOODS CT	
City-St-Zip:	ODESSA, FL 33556	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. CIOTTI DT 04/15/2008

Electronic Signature of Signing Officer or Director — Date