

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03381

**Entity Name:** PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6530 CATHY DRIVE  
PORT RICHEY, FL 34668

**Current Mailing Address:**

6530 CATHY DRIVE  
PORT RICHEY, FL 34668 US

**FEI Number:** 59-2482965

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURKE, SALLY  
6530 CATHY DRIVE  
PORT RICHEY, FL 34668 US

*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:** SALLY BURKE

04/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BURKE, SALLY  
Address        6530 CATHY DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title            VP  
Name            KITZMAN, DAVID  
Address        6607 RUTH DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title            TREASURER  
Name            HOLBEN, DOROTHY  
Address        11418 ROHRMAN DR  
City-State-Zip: PORT RICHEY FL 34668

Title            SECRETARY  
Name            BLATTER, BETTY  
Address        6614 CATHY DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title            DIRECTOR  
Name            ENDICOTT, SALLY  
Address        6519 ELEANOR DR  
City-State-Zip: PORT RICHEY FL 34668

Title            DIRECTOR  
Name            BLATTER, ROGER  
Address        6614 CATHY DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title            DIRECTOR  
Name            INGHAM, THERESA  
Address        PINELAND PARK  
City-State-Zip: PORT RICHEY FL 34668

Title            DIRECTOR  
Name            JAMES, CHRISTA  
Address        PINELAND PARK  
City-State-Zip: PORT RICHEY FL 34668

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*I hereby 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 all other like empowered.*

**SIGNATURE:** SALLY BURKE

PRESIDENT

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VAN DYK, ANNA  
Address        PINELAND PARK  
City-State-Zip: PORT RICHEY FL 34668

Title           DIRECTOR  
Name           SCHULER, ROSE  
Address        PINELAND PARK  
City-State-Zip: PORT RICHEY FL 34668