

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03381

FILED
Mar 18, 2015
Secretary of State
CC4536120714

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

Current Principal Place of Business:

6507 RUTH DRIVE
PORT RICHEY, FL 34668

Current Mailing Address:

6507 RUTH DRIVE
PORT RICHEY, FL 34668 US

FEI Number: 59-2482965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVER, WILLIE
6507 RUTH 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: WILLIE OLIVER

03/18/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name OLIVER, WILLIE
Address 6507 RUTH 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 OLIVER, DAVE
Address 6507 RUTH DRIVE
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR
Name VAN DYK, ANNA
Address 6518 RUTH DRIVE
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 BLATTNER, BETTY
Address 6614 CATHY DRIVE
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR
Name JAMES, CHRISTA
Address 6526 RUTH DRIVE
City-State-Zip: PORT RICHEY FL 34668

Continues on page 2

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: WILLIE OLIVER

PRESIDENT

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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