1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 729513

Corporation Name

SOUTH PRETTY POND PARK, INC.

Principal Place of Business 38957 STAPLEY CR ZEPHYRHILLS FL 33540-8434

Mailing Address

38957 STAPLEY CR ZEPHYRHILLS FL 33540-8434

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90042 042 ****61.25



Principal Place of Business Address Address								3. Date Incorporated or Qualifed . 04/29/1974						
Suite, Apt.	# etc	26	Suite, Apt. #, etc.					4. FEI Number		•		Appl	ed For	
	. #, 0 .c.	27		.				65-003632	24.			+	Applicable	
City & Sta	te ·		City & State			•		5. Certificate of Status Desired				\$8.75 Additional Fee Required		
23) Zip	Country	28	l Zip		Country			6. Flection Can	npaign Financing		\$5	00 м	lay Be	
24	25 29 30							Trust Fund Contribution			Added to Fees			
24	9. Name and Address of Current		stered Agent					0. Name and A	ddress of New R	Registered A	Agent			
					81	Name								
SUMNER, ROBERT D.					92	Ctuant	Addrono	(D.O. Boy Num	per is Not Accepts	obla)				
AND DO OTH STORET					Street Address (P.O. Box Number is Not Acceptable)									
	IY FL 33525				83									
DADE OR	11 FL 33323				04	014	_			 	85	Zip Co		
	الله الله الله الله الله الله الله الله				84	City				FL	85	Zip Ct		
agent. I a	to the provisions of Sections 617,002 registered agent, or both, in the State o am familiar with, and accept the obligation	ons o	r, Section 617.050	3, Fiorida	Statutes	•		en reinstating)		DATE			<u></u>	
12.	Skinature, typed or printed name of registered agent OFFICERS AND			(NOTE: NOD	13.	it signature i	edolled with	ADDITIONS/C	HANGES TO OF		D DIRE	CTOR	S IN 12	
TITLE	TT	ואוטי	DELE	TE	1.1 TITLE		D				Cha		Additio	
	KINKADE, ANITA				1.2 NAME		ME	RVE CO	NKLIN				•	
NAME	ACCOUNT OF A PLANT OF				1.3 STREET	TADORESS	289	255TAP	LEYCIR					
STREET ADDRESS	ZEPHYRHILLIS.FL		وخنانيات والمالية		1.4 CITY-S		ZE	HYRHIC	LSFL		~· ·,		3 t, t c.	
CITY-ST-ZIP TITLE	P		☐ DELE	TE	2.1 TITLE	·	D	., (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Cha	nge	Additio	
NAME	BROWN, ROGER				2.2 NAME		20	IS USE	K .				•	
STREET ADDRESS			•		2.3 STREET	T ADDRESS	389	12 STA	EY CIR	•				
CITY-ST-ZIP	ZEPHYRHILLS FL				2.4 CITY-5		ZEI	HYRHIL	Ls FL					
TITLE	VP		☐ DELE	TE	3.1 TITLE		D				☐ Cha	ange	Additio	
NAME	BOUCHARD, MAURICE				3.2 NAME		950	rge Pit	TARP					
STREET ADDRESS	ATABLEW ANDOLD			1	3.3 STREE	T ADDRESS	389	85 STAI	oley C <u>i</u> R	•				
CITY-ST-ZIP	ZEPHYRHILLS FL.		<u> </u>	1	3.4. CITY- S	T-ZIP	ZE	PHYRH	<u>ills, Fl</u>	اليسه إري	<u></u>	-	- C-	
πιLE	D		DELE	TE	4.1 TITLE		D		•		☐ Cha	ange	Additio	
NAME	BOLT, GEORGE				4. 2 NAME		PHY	LLIS L	ESSONS	3				
STREET ADDRESS	1 = ·				4.3 STREE	TADDRESS	389	BSTAP	LEY CIR					
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000				4.4 CITY-S	T-ZIP	ZE	>H	LLS FL	•			T A alama	
TITLE	D		DELE	ETE	5.1 TITLE		D	916	WORMU	771	☐ Cha	ange	Additio	
NAME	KINKADE, PRESLIE				5.2 NAME		201	712476 302 201	PLEYC	in				
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TITLE	S HOOKED DEC			:1 E	6.2 NAME		l					21 1 13 13	FT -400108	
NAME	HOOVER, PEG					T ADDDESO								
STREET ADDRESS	1					TADDRESS						•		
	TEDUVOLILLIC EI				6.4 CITY-S	1-ZP	1							

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 annual report or properties 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: