


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90019 049 \*\*\*\*61.25

<b>DOCUMENT # 735257</b> 1. Entity Name <b>PONDEROSA PARK CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>7403 LAREDO DRIVE BAYONET POINT, FL 34667-7002</b>			Mailing Address <b>7403 LAREDO DRIVE BAYONET POINT, FL 34667-7002</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1718906</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHAFFER, WILLIAM 12203 BONANZA DR. BAYONET POINT, FL 34667</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
SIGNATURE <u><i>William E. Shaffer</i></u> <b>William E. Shaffer</b> <span style="float: right;"><b>2/26/08</b></span> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHAFFER, WILLIAM</b>		NAME		
STREET ADDRESS	<b>12203 BONANZA DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BAYONET POINT, FL 34667</b>		CITY-ST-ZIP		
TITLE	1VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROTHI, DORIS</b>		NAME		
STREET ADDRESS	<b>12202 PAWNEE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BAYONET POINT, FL 34667</b>		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILBER, RUTH M</b>		NAME		
STREET ADDRESS	<b>12109 CACTUS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BAYONET POINT, FL 34667</b>		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZUBE, JEANNE</b>		NAME		
STREET ADDRESS	<b>7400 OSAGE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BAYONET POINT, FL 34667</b>		CITY-ST-ZIP		
TITLE	<del>T</del> <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<del>KAYLOR-MARSHALL</del>		NAME	<b>JOHN P. HAYES</b>	
STREET ADDRESS	<del>7317 CASCADE DR.</del>		STREET ADDRESS	<b>12210 Horseshoe Ln</b>	
CITY-ST-ZIP	<del>BAYONET POINT, FL 34667</del>		CITY-ST-ZIP	<b>BAYONET POINT, FL 34667</b>	
TITLE	<del>2VP</del> <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<del>MCKISSACK, EVA</del>		NAME	<b>EDWARD Kohley</b>	
STREET ADDRESS	<del>7400 OSAGE DR.</del>		STREET ADDRESS	<b>12121 Bonanza Dr</b>	
CITY-ST-ZIP	<del>BAYONET PT., FL 34667</del>		CITY-ST-ZIP	<b>BAYONET POINT, FL 34667</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u><i>Ruth M Wilbers</i></u> <b>RUTH M WILBERS</b> <span style="float: right;"><b>2/26/08 727-860-5745</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					