

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90103 001 \*\*\*\*61.25

<b>DOCUMENT # 750181</b> 1. Entity Name <b>THE PINEBROOK ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>11840 71ST CIRCLE NORTH LARGO, FL 33773-3239 US</b>			Mailing Address <b>P O BOX 2403 PINELLAS PARK, FL 33780 US</b>		
2. Principal Place of Business <b>6995 122nd DRIVE NORTH</b> Suite, Apt. #, etc. -		3. Mailing Address Suite, Apt. #, etc. -			
City & State <b>LARGO, FLORIDA</b>		City & State -		4. FEI Number <b>59-2006882</b>	
Zip <b>33773</b>		Country <b>PINELLAS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JILEK, BOB 11840 71ST CIR NO SAINT PETERSBURG, FL 33733</b>			7. Name and Address of New Registered Agent Name <b>JOHN SCHLADWEILER</b> Street Address (P.O. Box Number is Not Acceptable) <b>6995 122nd DRIVE NORTH</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33773</b>		
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 <b>JOHN SCHLADWEILER PRESIDENT</b> <b>3/11/05</b> <small>Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE SD NAME SUDERS, CINDIE STREET ADDRESS 7356 118 TERRACE NO CITY-ST-ZIP LARGO, FL 33773	<input checked="" type="checkbox"/> Delete		TITLE SD NAME JOHN SCHLADWEILER STREET ADDRESS 6995 122nd DRIVE NORTH CITY-ST-ZIP LARGO, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HUGO, SACCO STREET ADDRESS 11722 69TH WAY CITY-ST-ZIP LARGO, FL 33773	<input checked="" type="checkbox"/> Delete		TITLE TD NAME SHERRY O'DELL STREET ADDRESS 7354 119th AVE NORTH CITY-ST-ZIP LARGO, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME JILEK, BOB STREET ADDRESS 11840 71ST CIR NO CITY-ST-ZIP LARGO, FL 33773	<input checked="" type="checkbox"/> Delete		TITLE PD NAME JOHN SCHLADWEILER STREET ADDRESS 6995 122nd DRIVE NORTH CITY-ST-ZIP LARGO, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VD NAME DOUG O'DELL STREET ADDRESS 7354 119th AVE NORTH CITY-ST-ZIP LARGO, FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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.					
<b>SIGNATURE:</b> <b>SHERRY O'DELL</b> <b>2-25-05</b> <b>727/638-2436</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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