2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 758786

1. Entity Name
PINELLAS OPTOMETRIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5712 5TH AVE N. ST. PETERSBURG, FL 33710	5712 5TH AVE N. ST. PETERSBURG, FL 33710

01032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2950532

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASON, JOHN H DR.
5712 5TH AVE N.
ST. PETERSBURG, FL 33710

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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 _____ 1-3-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000581379
01/10/07-80085-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SARNO, NEVINE
STREET ADDRESS	8657 LONGWOOD DR
CITY-ST-ZIP	LARGO, FL 33777
TITLE	D
NAME	PETITO, G. TIMOTHY
STREET ADDRESS	8695 4TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	P
NAME	COSENZA, ELLIOT
STREET ADDRESS	5185 KENWOOD CT.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	T
NAME	MASON, JOHN
STREET ADDRESS	5712 5TH AVE N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	D
NAME	MCMULLEN, CLAUDE
STREET ADDRESS	8982 SEMINOLE BLVD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	D
NAME	BARREIRO, FRANCIS
STREET ADDRESS	1970 E BAY DR
CITY-ST-ZIP	LARGO, FL

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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: _____ 1-3-07 727-344-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #