

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758786

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** PINELLAS OPTOMETRIC ASSOCIATION, INC.

**Current Principal Place of Business:**

5712 5TH AVE N.  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

5712 5TH AVE N.  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 59-2950532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SARNO, NEVINE  
Address: 8657 LONGWOOD DR  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: PETITO, G. TIMOTHY  
Address: 8695 4TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: P ( ) Delete  
Name: COSENZA, ELLIOT  
Address: 5185 KENWOOD CT.  
City-St-Zip: PALM HARBOR, FL 34685 36

Title: T ( ) Delete  
Name: MASON, JOHN  
Address: 5712 5TH AVE N.  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D ( ) Delete  
Name: MCMULLEN, CLAUDE,  
Address: 8982 SEMINOLE BLVD  
City-St-Zip: SEMINOLE, FL

Title: D ( ) Delete  
Name: BARREIRO, FRANCIS,  
Address: 1970 E BAY DR  
City-St-Zip: LARGO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN H. MASON

T

01/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date