

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002571

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: PCB CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLAND PARKWAY  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLAND PARKWAY  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 59-3701853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REARDON, MAUREEN C  
4151 WOODLAND PARKWAY  
PALM HARBOR, FL 34685 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: PD ( ) Delete  
Name: ZILLIG, DAVID  
Address: 2469 SUNSET POINT ROAD #200  
City-St-Zip: CLEARWATER, FL 33765

Title: TD ( ) Delete  
Name: GEORGE, KATHLEEN  
Address: 2481 SUNSET POINT ROAD  
City-St-Zip: CLEARWATER, FL 33765

Title: SD ( ) Delete  
Name: DAVIS, DON  
Address: 2475 SUNSET POINT ROAD  
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: SD (X) Change ( ) Addition  
Name: ZILLIG, DAVID  
Address: 2469 SUNSET POINT ROAD #200  
City-St-Zip: CLEARWATER, FL 33765

Title: PD (X) Change ( ) Addition  
Name: GEORGE, KATHLEEN  
Address: 2481 SUNSET POINT ROAD  
City-St-Zip: CLEARWATER, FL 33765

Title: TD (X) Change ( ) Addition  
Name: FISHER, CHIP  
Address: 2475 SUNSET POINT ROAD  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Change (X) Addition  
Name: JENKINS, DAN  
Address: 5830 142ND AVE. NORTH  
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN GEORGE

PD

03/22/2005

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

\_\_\_\_\_  
Date