


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90179 008 ****61.25

| | | | |
|--|---|--|--|
| DOCUMENT # N00000004341 1. Entity Name PINEDALE ESTATES UNIT 4 HOMEOWNERS ASSOCIATION, INC. | |  | |
| Principal Place of Business 106 WEST GRANT STREET PLANT CITY FL 33566 | | Mailing Address 106 WEST GRANT STREET PLANT CITY FL 33566 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address 711 Fox Gate Court Suite, Apt. #, etc. City & State Plant City, FL Zip 33563 | |
| 4. FEI Number 59-3674481 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GIBBS, KEN A 106 WEST GRANT STREET PLANT CITY FL 33566 | | 7. Name and Address of New Registered Agent Name Judy Klispie Street Address (P.O. Box Number is Not Acceptable) 711 Fox Gate Court City Plant City | |
| 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 Judy Klispie | | DATE 4/10/06 | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D GIBBS, KEN A 106 WEST GRANT STREET PLANT CITY FL 33566 | <input checked="" type="checkbox"/> Delete | PRESIDENT & D JUDY KLISPIE 711 FOX GATE CT PLANT CITY FL 33563 |
| NAME | SHUMP, JAMES R 110 EAST REYNOLDS ST., SUITE 700 PLANT CITY FL 33566 | <input checked="" type="checkbox"/> Delete | V. PRES & D TONYA PEREZ 1505 SW 12TH PL PLANT CITY FL 33563 |
| STREET ADDRESS | VERNER, EDWARD M 110 EAST REYNOLDS ST., SUITE 700 PLANT CITY FL 33566 | <input checked="" type="checkbox"/> Delete | TREAS & D S. CHRISTOPHER BENDER 1501 TOZIER PLACE PLANT CITY FL 33563 |
| CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | <input type="checkbox"/> Delete | |
| STREET ADDRESS | | <input type="checkbox"/> Delete | |
| CITY-ST-ZIP | | <input type="checkbox"/> Delete | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Judy Klispie**