

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00137

FILED
Apr 21, 2008
Secretary of State

Entity Name: PATTY ANN ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MARY ANN BASHLINE
40 PELICAN PLACE
PALM HARBOR, FL 34683 US

New Principal Place of Business:

C/O JOHN SCHIANO
405 MEADOWLARK LN
PALM HARBOR, FL 34683 US

Current Mailing Address:

PO BOX 131
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-2960719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BASHLINE, MARY ANN
40 PELICAN PLACE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

CARPINO, CAROLYN
140 PATTY ANN BLVD.
PALM HARBOR, FL 34683 US

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: CAROLYN CARPINO

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHIANO, JOHN
Address: 405 MEADOWLARK LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: STD () Delete
Name: BASHLINE, MARY ANN
Address: 40 PELICAN PLACE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: CARPINO, CAROLYN
Address: 140 PATTY ANN BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: MRAZ, DOT,
Address: 2040 EGRET DRIVE
City-St-Zip: PALM HARBOR, FL

Title: D () Delete
Name: FOSTER, ALAN
Address: 2039 CORHORANT DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: ROSS, DAVID
Address: 160 OSPREY LANE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: CARPINO, CAROLYN
Address: 140 PATTY ANN BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Change () Addition
Name: PILZ, THOMAS G
Address: 2039 KINGFISHER BLVD.
City-St-Zip: PALM HARBOR, FL 34683

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: CAROLYN CARPINO

STD

04/21/2008

Electronic Signature of Signing Officer or Director

Date