

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -1 PM 2:27

DOCUMENT # *N01000003259*

1. Entity Name

Pickinacker Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc

Suite, Apt. #, etc

1004 Warwick Ct

PO Box 5904

City & State

City & State

Sun City Center, FL

Sun City Center, FL

Zip

Country

Zip

Country

33573

Hillsborough

33571

Hillsborough

4. FEI Number

59-1628232

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code *33606*

**DO NOT WRITE
IN THIS SPACE**

James P. Lines Jr

315 Hyde Park Ave

Tampa

R. 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

Signature Used by person name of registered agent and filed application

STATE Registered Agent signature required when registered

Date

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<i>President - Thomas Williamson</i>
NAME	<i>Thomas Williamson</i>
STREET ADDRESS	<i>1010 Warwick Ct</i>
CITY-ST-ZIP	<i>Sun City Center, FL 33573</i>
TITLE	<i>Vice President</i>
NAME	<i>Clarence Halman</i>
STREET ADDRESS	<i>1010 Burbank Ct S.C.C. FL</i>
CITY-ST-ZIP	<i>33573</i>
TITLE	<i>Treasurer</i>
NAME	<i>Helen Gadd</i>
STREET ADDRESS	<i>1004 Warwick Ct</i>
CITY-ST-ZIP	<i>Sun City Center, FL 33573</i>
TITLE	<i>Secretary</i>
NAME	<i>Cheryl Cuffia</i>
STREET ADDRESS	<i>340 Green Manor Dr</i>
CITY-ST-ZIP	<i>Sun City Center, FL 33573</i>
TITLE	<i>Member at Large</i>
NAME	<i>Leona Leonard</i>
STREET ADDRESS	<i>1011 Burbank Ct</i>
CITY-ST-ZIP	<i>Sun City Center, FL 33573</i>
TITLE	<i>Member at Large</i>
NAME	<i>Art Young</i>
STREET ADDRESS	<i>1005 Warwick Ct</i>
CITY-ST-ZIP	<i>Sun City Center, FL 33573</i>

TITLE	<i>Member at Large</i>
NAME	<i>Charles Crum</i>
STREET ADDRESS	<i>1013 Burbank Ct</i>
CITY-ST-ZIP	<i>Sun City Center, FL 33573</i>
TITLE	
NAME	
STREET ADDRESS	900148306419
CITY-ST-ZIP	04/01/09--01038--029 **61.25
TITLE	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

B 4/2/09

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on attachment with an address, with all other like empowered.

SIGNATURE: *Helen M. Gadd Helen M. Gadd* *3/27/09* *813-633-8055*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Distance Phone #