## **NOT-FOR-PROFIT CORPORATION** UN!FORM BUSINESS REPORT (UBR)

DOCUMENT # NO 1600003259  1. Entry Name Pickenli acker Home owners Gas ociation	r Iarci	SECRETAR'	EE. FLORIDA
2. Principal Place of Business 1004 WARWICK CF CF Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			KS 2881653 014014 **61.25 ot write in this space
Zip Country Zip	th, Fl 33571 Lills harong h	FEI Number     Certificate of Status D     Name and Address of	Fee Required
DO NOT WRITE IN THIS SPACE  Street Address (P.O. Box Number in Not Acceptable)  City Damp a, It FL Zip Code  City Damp a, It FL Zip Code			
	registered office or register  E Registered Agent signature required	d when reinstating)	DATE  Make Check Payable to
Initial or Amended UBR · Trust Fund Co  10. OFFICERS AND DIRECTORS  IIILE From I dent  NAME Stornas Unilians on	TITLE THEN	\$5.00 May Be Added to Fees  rluck at Large Also Bruin	Department of State
STREET ADDRESS 1010 Warwick Ct  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  1010 Warwick Ct  Cantib Ad 33593  TITLE  Vica Adea Claramea  Valuation  Claramea  Valuation  City-St-ZiP  Line City Cintain, Ad 23593	0.5.4 05 3.0	3 Levelank Ct.	3.3573 E
TITLE Pro an War War War Street ADDRESS 1004 War WICK Ct CITY-ST-ZIP Sun City Center Fil 33573  TITLE Secretary A	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		OT WRITE S SPACE
STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  LITY ST-ZIP  ALL CITY CONTROL OF 33573  TITLE  NAME  STREET ADDRESS  10/1 Rowl and Ct	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		O OI AOL
CITY-ST-ZIP Sun City Center, To 33573  TITLE Members at Karger  NAME  STREET ADDRESS 1003 Wash ick It  CITY-ST-ZIP Sun City-Center Il 33513	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	440.07/0/2 51.11.0	
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 an attachment with an address, with all other like empowered.			

SIGNATURE: Jelen M. Jodd Holen M. TODD