

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90187 014 ****61.25

DOCUMENT # N01000006557					
1. Entity Name PLEASANT GARDENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2755 BORDER LAKE ROAD SUITE 101 APOPKA, FL 32703 US			Mailing Address 2755 BORDER LAKE ROAD SUITE 101 APOPKA, FL 32703 US		
2. Principal Place of Business		3. Mailing Address 200 N. Denning Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2			
City & State		City & State Winter Park, FL			
Zip	Country	Zip	Country	32789 Orange	
4. FEI Number 01-0698655					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KANAGA, MERIDY T 2755 BORDER LAKE ROAD SUITE 101 APOPKA, FL 32703			7. Name and Address of New Registered Agent Name: Carey, Judi Street Address (P.O. Box Number is Not Acceptable): 200 N. Denning Drive Suite 2 City: Winter Park, FL Zip Code: 32789		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, MICHELLE <input checked="" type="checkbox"/> Delete 232 PLEASANT GARDENS DR. APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph, Kelvin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 245 Pleasant Gardens Dr Apopka, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOURDON, NATALIE <input checked="" type="checkbox"/> Delete 238 PLEASANT GARDENS DR. APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Waters, Cora <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 215 Pleasant Gardens Dr Apopka, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO JR., CARLOS <input checked="" type="checkbox"/> Delete 256 PLEASANT GARDENS DRIVE APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Danh, Kinh-Luan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 343 Pleasant Gardens Dr Apopka, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Judi Carey</u> Judi Carey <u>4/27/06</u> <u>407-644-3242</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					