

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90151 035 ****61.25

DOCUMENT # N01000006557					
1. Entity Name PLEASANT GARDENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 200 N. DENNING DR SUITE #2 WINTER PARK, FL 32789 US			Mailing Address 200 N DENNING DR STE 2 WINTER PARK, FL 32789 US		
2. Principal Place of Business - No P.O. Box # 1122 AYRSHIRE STREET Suite, Apt. #, etc.		3. Mailing Address 1122 Ayrshire Street Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO, FL		4. FEI Number 01-0698655	
Zip 32803		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAREY, JUDI 200 N DENNING DR STE 2 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name: J. CAREY JUDI Street Address (P.O. Box Number is Not Acceptable): 1122 Ayrshire Street City: Orlando FL Zip Code: 32803		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD JOSEPH, KELVIN ☐ Delete 245 PLEASANT GARDENS DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANTHONY, TERESA ☐ Delete 269 PLEASANT GARDENS DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOURDAN, NATALIE ☐ Delete 258 PLEASANT GARDENS DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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> <u>LCAM JUDI CAREY</u> <u>4/28/08</u> <u>407-898-1672</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

