2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004414

FILED Mar 12, 2007 Secretary of State

Entity Name: PEMBERTON OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P O BOX 967 6810 LUANA LANE SEFFNER, FL 33584 SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** P O BOX 967 P O BOX 1638 SEFFNER, FL 33583 SEFFNER, FL 33584 FEI Number: 14-1845424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOLLOY, DANIEL L 325 SOUTH BOULEVARD TAMPA, FL 33606 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MARTUCCI, ZELICA MARTUCCI, LUANA Name: Name: 711 VALENCIA WOODS CT. Address: 2010 N. HOWE STREET UNIT 1 Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: CHICAGO, IL 60614 Title: Title: (X) Change () Addition () Delete MARTUCCI, LUANA JOHNSON, DEAN Name: Name: Address: 5628 BANDERA SPRINGS CIRCLE Address: 6810 LUANA LANE City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: (X) Change () Addition SWINDLE, RICHARD LOPRESTI, ANGELO Name: Name: 2503 MARTUCCI ROAD Address: Address: 6808 LUANA LANE City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: (X) Change () Addition Name: JOHNSON, MELANIE Name: DICERB, JACKIE 6810 LUANA LANE 2501 MARTUCCI ROAD Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: () Change () Addition MOSS, JUDITH Name: Name: 2606 MARTUCCI ROAD Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH A. MOSS T 03/12/2007