

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004414

FILED
Jun 15, 2008
Secretary of State

Entity Name: PEMBERTON OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6810 LUANA LANE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

P O BOX 1638
SEFFNER, FL 335831638

New Mailing Address:

FEI Number: 14-1845424 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, MELANIE
6810 LUANA LANE
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: MARTUCCI, LUANA
Address: 2010 N. HOWE STREET UNIT 1
City-St-Zip: CHICAGO, IL 60614

Title: P () Delete
Name: JOHNSON, DEAN
Address: 6810 LUANA LANE
City-St-Zip: SEFFNER, FL 33584

Title: V () Delete
Name: LOPRESTI, ANGELO
Address: 6808 LUANA LANE
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: DICERB, JACKIE
Address: 2501 MARTUCCI ROAD
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: MOSS, JUDITH
Address: 2606 MARTUCCI ROAD
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOSS, JUDITH
Address: 2606 MARTUCCI ROAD
City-St-Zip: SEFFNER, FL 33584

Title: VP (X) Change () Addition
Name: GREGORCZYK, TOM
Address: 6804 LUANA LANE
City-St-Zip: SEFFNER, FL 33584

Title: ALT, (X) Change () Addition
Name: JOHNSON, DEAN
Address: 6810 LUANA LANE
City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: O'QUINN, BARBARA
Address: 2504 MARTUCCI ROAD
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA O'QUINN

T

06/15/2008

Electronic Signature of Signing Officer or Director

Date