

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2007 8:00 am**  
**Secretary of State**

08-29-2007 90002 021 \*\*\*\*61.25

**DOCUMENT # N02447**

1. Entity Name  
**PICKETT DOWNS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**1910 ECLIPSE PLACE  
CHULUOTA, FL 32766**

Mailing Address  
**1910 ECLIPSE PLACE  
CHULUOTA, FL 32766**

2. Principal Place of Business - No P.O. Box #  
**1372 Secretariat PL**

3. Mailing Address  
**P.O. Box 622551**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Chuluota Florida**

City & State  
**OVIEDO FL**

Zip  
**32766**

Country  
**USA**

Zip  
**32766**

Country  
**USA**

4. FEI Number  
**59-2869144**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLATT, BILL  
1910 ECLIPSE PLACE  
CHULUOTA, FL 32766**

Name **Michael Shumack**  
Street Address (P.O. Box Number is Not Acceptable)  
**1372 Secretariat Place**

City **Chuluota**

**FL**

Zip Code  
**32766**

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 **Michael Shumack**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**March 25, 2007**

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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 **P**  
NAME **BORDE, STEPHEN** ☒ Delete  
STREET ADDRESS **2000 ECLIPSE PLACE**  
CITY-ST-ZIP **CHULUOTA, FL 32766**

TITLE **President** ☒ Change ☐ Addition  
NAME **Michael Shumack**  
STREET ADDRESS **1372 Secretariat Place**  
CITY-ST-ZIP **Chuluota, FL 32766**

TITLE **VP** ☒ Delete  
NAME **EICHHORN, FRED**  
STREET ADDRESS **1853 ECLIPSE PLACE**  
CITY-ST-ZIP **CHULUOTA, FL 32766**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Fred Lehmann**  
STREET ADDRESS **1377 Secretariat Place**  
CITY-ST-ZIP **Chuluota, FL 32766**

TITLE **D** ☐ Delete  
NAME **HENRY, MICHAEL**  
STREET ADDRESS **1235 SULTAN CIR.**  
CITY-ST-ZIP **CHULUOTA, FL**

TITLE **Director** ☐ Change ☐ Addition  
NAME **Dale Samson**  
STREET ADDRESS **1153 Gallant Fox Way**  
CITY-ST-ZIP **Chuluota, FL 32766**

TITLE **S** ☒ Delete  
NAME **SURMACZ, LISA**  
STREET ADDRESS **1407 SECRETARIAT PLACE**  
CITY-ST-ZIP **OVIEDO, FL 32766**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Charles Carlson, Jr.**  
STREET ADDRESS **1533 Sultan Circle**  
CITY-ST-ZIP **Chuluota, FL 32766**

TITLE **T** ☒ Delete  
NAME **PLATT, BILL**  
STREET ADDRESS **1910 ECLIPSE PLACE**  
CITY-ST-ZIP **CHULUOTA, FL 32766**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Joseph Cremonese**  
STREET ADDRESS **1616 Sultan Circle**  
CITY-ST-ZIP **Chuluota, FL 32766**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Michael Shumack** **Michael Shumack** **3/25/07** **407-366-4388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #