

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2007  
Secretary of State**

DOCUMENT# N03000004651

Entity Name: PITMAN ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVENUE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVENUE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 55-0834131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRACKIN, ANDREA L  
SPECIALTY MANAGEMENT CO.  
882 JACKSON AVENUE  
WINTER PARK, FL 32789 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: PD ( ) Delete  
Name: KNOWLES, HENRY  
Address: 2897 RUXTON DR  
City-St-Zip: APOPKA, FL 32712

Title: VPD ( ) Delete  
Name: MARASCO, LOUIS  
Address: 2345 SHEILA DR  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: SCOTT, CHERISH  
Address: 2654 SHEILA DR  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: JENNINGS, KEN  
Address: 2938 BICKLEY DR  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: PEINE, BRIAN  
Address: 2818 SHEILA DR  
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete  
Name: BEST, TOM  
Address: 2954 RUXTON DR  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: BUSCH, THOMAS  
Address: 2662 SHEILA DR.  
City-St-Zip: APOPKA, FL 32712

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

Title: D (X) Change ( ) Addition  
Name: BEST, TOM  
Address: 2954 RUXTON DR.  
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: HENRY KNOWLES

PD

03/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date