2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
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: VD ( ) Delete
Name: KNOWLES, HENRY
Address: 2897 RUXTON DR
City-St-Zip: APOPKA, FL 32712

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

Title: SD ( ) Delete
Name: TOROS, KATIE
Address: 2810 SHEILA DR.
City-St-Zip: APOPKA, FL 32712

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

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

Title: TD ( ) Delete
Name: QUEREDO, LOURDES
Address: 2686 SHEILA DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KNOWLES, HENRY
Address: 2897 RUXTON DR
City-St-Zip: APOPKA, FL 32712

Title: SD (X) Change ( ) Addition
Name: PRUEMER, TRUDEE
Address: 2962 BICKLEY DR
City-St-Zip: APOPKA, FL 32712

Title: VD (X) Change ( ) Addition
Name: TOROS, KATIE
Address: 2810 SHEILA DR.
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: JENNINGS, KEN
Address: 2938 BICKLEY DR
City-St-Zip: APOPKA, FL 32712

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

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

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: TRUDEE PRUEMER SD 04/22/2009

Electronic Signature of Signing Officer or Director — Date