

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 031 ****61.25

DOCUMENT # N03381

1. Entity Name

PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

6522 ELEANOR DR
PORT RICHEY FL 34668
US

Mailing Address

6522 ELEANOR DR
PORT RICHEY FL 34668
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 471

City & State

Port Richey FL

Zip

34673

Country

USA

4. FEI Number

59-2482965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

BADGER, GAIL
6522 ELEANOR DR
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Gail Badger

Gail Badger

3/27/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE P ☐ Delete
NAME LAROSE, JAMES
STREET ADDRESS 6522 ELEANOR DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE V ☒ Delete
NAME ROMIG, WILLIAM
STREET ADDRESS 6527 ELEANOR DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE T ☐ Delete
NAME HOLBEN, DOROTHY
STREET ADDRESS 11418 ROHRMAN DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE S ☐ Delete
NAME BADGER, GAIL
STREET ADDRESS 6522 ELEANOR DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Delete
NAME CAPON, LARRY
STREET ADDRESS 6519 CATHY DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Delete
NAME GERACE, NOELLA
STREET ADDRESS 6523 CATHY DR
CITY-ST-ZIP PORT RICHEY FL 34668

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME Johnson, Robert
STREET ADDRESS 6514 Cathy Drive
CITY-ST-ZIP Port Richey, FL 34668

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

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

TITLE ☐ Change ☐ Addition
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 Section 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 any other like empowered.

SIGNATURE:

James Larose James Larose 3/27/06 727-858-2719