2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90185 043 ****61.25

DOCUMENT # N03381

1. Entity Name

PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~6522 ELEANOR DR~~ 11418 Rohrman Rd ~~PORT RICHEY FL 34668~~ Port Richey FL 34668 ~~US~~ US	POB 471 PORT RICHEY FL 34673 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6515 RUTH DR	
Suite, Apt. #, etc. PORT RICHEY, FL.	Suite, Apt. #, etc.
City & State	City & State
Zip 34668 / Country USA	Zip / Country

4. FEI Number 59-2482965 — 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
BADGER, GAIL 6522 ELEANOR DR PORT RICHEY FL 34668	Name MARIANNE FALKENBERG Street Address (P.O. Box Number is Not Acceptable) 6515 RUTH DR. PORT RICHEY, City FL Zip Code 34668

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 Marianne Falkenberg 4/3/07

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, 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	☒ Delete	TITLE PRES.	ROGER BLATTER	☒ Change ☐ Addition
NAME	LAROSE, JAMES		NAME	6614 CATHY DR	
STREET ADDRESS	6522 ELEANOR DR		STREET ADDRESS	PORT RICHEY, FL. 34668	
CITY-ST-ZIP	PORT RICHEY FL 34668		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	V.P.	☒ Change ☐ Addition
NAME	JOHNSON, ROBERT		NAME	WAYNE FALKENBERG	
STREET ADDRESS	6514 CATHY DR		STREET ADDRESS	6515 RUTH DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668		CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	T	☐ Delete	TITLE	DIR	☐ Change ☒ Addition
NAME	HOLBEN, DOROTHY		NAME	TIMMOTHY PASSMORE	
STREET ADDRESS	11418 ROHRMAN DR		STREET ADDRESS	6530 RUTH DR	
CITY-ST-ZIP	PORT RICHEY FL 34668		CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	S	☒ Delete	TITLE	SEC.	☒ Change ☐ Addition
NAME	BADGER, GAIL		NAME	MARIANNE FALKENBERG	
STREET ADDRESS	6522 ELEANOR DR		STREET ADDRESS	6515 RUTH DR	
CITY-ST-ZIP	PORT RICHEY FL 34668		CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAPON, LARRY		NAME		
STREET ADDRESS	6519 CATHY DR		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE DIR	ANNA VANDYK	☒ Change ☐ Addition
NAME	GERACE, NOELLA		NAME	6518 RUTH DR	
STREET ADDRESS	6523 CATHY DR		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		CITY-ST-ZIP	PORT RICHEY, FL. 34668	

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 all other like empowered.

SIGNATURE: Marianne Falkenberg 4/3/07 727-919-5392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR