

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90017 001 \*\*\*\*61.25

<b>DOCUMENT # N03381</b> 1. Entity Name <b>PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>6515 RUTH DR</b> <b>PORT RICHEY, FL 34668 US</b>		Mailing Address <b>POB 471</b> <b>PORT RICHEY, FL 34673 US</b>	
2. Principal Place of Business - No P.O. Box # <b>6503 RUTH DR</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>PORT RICHEY, FL</b>		City & State <b>PORT RICHEY, FL</b>	
Zip <b>34668</b>	Country <b>US</b>	Zip <b>34668</b>	Country <b>US</b>
4. FEI Number <b>59-2482965</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FAULKENBERG, MARIANNE</b> <b>6515 RUTH DR</b> <b>PORT RICHEY, FL 34668</b>		7. Name and Address of New Registered Agent Name <b>FAULKENBERG, WAYNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6503 RUTH DR</b> City <b>PORT RICHEY</b> <b>FL</b> Zip Code <b>34668</b>	
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 <u><i>Wayne Falkenberg</i></u> <b>PRES.</b> <small>Signature, typed or printed name of registered agent and when applicable. (NONE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>P</b> NAME <b>BLATTER, ROGER</b> STREET ADDRESS <b>6614 CATHY DR</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>FAULKENBERG, WAYNE</b> STREET ADDRESS <b>6503 RUTH DR</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668-1344</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>FAULKENBERG, WAYNE</b> STREET ADDRESS <b>6515 RUTH DR</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>LISI, MARCO</b> STREET ADDRESS <b>PO BOX 6122</b> CITY-ST-ZIP <b>HUDSON, FL 34674-6127</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>HOLBEN, DOROTHY</b> STREET ADDRESS <b>11418 ROHRMAN DR</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete	TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>FAULKENBERG, MARIANNE</b> STREET ADDRESS <b>6515 RUTH DR</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S</b> NAME <b>LISI, GEORGETTE</b> STREET ADDRESS <b>PO BOX 6122</b> CITY-ST-ZIP <b>HUDSON, FL 34674-6127</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>CAPON, LARRY</b> STREET ADDRESS <b>6519 CATHY DR</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete	TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>VANDYK, ANNA</b> STREET ADDRESS <b>6518 RUTH DR</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete	TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Wayne Falkenberg</i></u> <b>PRES.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>(722) 9A-5396</i></u> <small>Daytime Phone #</small>	