

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03837 (4)**  
1. Corporation Name  
**PLEASANTWOOD HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1415 N. 61ST AVENUE  
PENSACOLA FL 32506**

Mailing Address  
**1415 N. 61ST AVENUE  
PENSACOLA FL 32506**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/22/1984</b>	3a. Date of Last Report <b>05/01/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2662069</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MATHIS, SHARON  
6393 LAKE CHARLENE DRIVE  
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**FL 85** Zip Code

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>PD MATHIS, SHARON</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>6393 LAKE CHARLENE DR. PENSACOLA FL</b>		
	<input type="checkbox"/> DELETE		
	<b>DVS MORRIS, JULIA</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>1415 N 61ST AVE. PENSACOLA FL</b>		
	<input type="checkbox"/> DELETE		
	<b>DT MATHIS, JULIUS</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>1280-174 TASMAN SUNNYVALE CA</b>		
	<input type="checkbox"/> DELETE		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sharon Mathis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-27-96** **455-8178**

CR2E037 (12/95)