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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03837

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

06/22/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2662069

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHIS, SHARON
6393 LAKE CHARLENE DRIVE
PENSACOLA FL 32506

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME PD
MATHIS, SHARON
STREET ADDRESS 6393 LAKE CHARLENE DR.
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE Change Addition

TITLE DELETE

NAME DVS
MORRIS, JULIA
STREET ADDRESS 1415 N 61ST AVE.
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE Change Addition

TITLE DELETE

NAME DT
MATHIS, JULIUS
STREET ADDRESS 1280-174 TASMAN
CITY-ST-ZIP SUNNYVALE CA

3.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

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

4/1/99

(850)455-8178

Date

Daytime Phone #

CR2E037 (11/98)