Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

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

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1415 N. 61ST AVENUE PENSACOLA FL 32506

2a. Mailing Address

Suite, Apt. #, etc.

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3. Date Incorporated or Qualifed

06/22/1984

59-2662069

4. FEI Number

City & Stat	e	City & S	City & State			5. Certificate of Status Desired	\$8.75 A	
Zip	Country Zip			Country 6		6. Election Campaign Financing	\$5.00	May Be
24	25 29 30			Trust Fund Contribution			Added to	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
		-		81	Name			
MATHIS, SHARON 6393 LAKE CHARLENE DRIVE PENSACOLA FL 32506				82	Ctront A	Address (P.O. Box Number is Not Acceptable)	·	
				02	Street	Address (F.O. Box Mulliber is Not Acceptable)		
				83				,
FENSAUC	DEA FE 32300							
	·			84	City	F	-	008
office or r agent. I a	to the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such d	hange was author	nzed by 1	ine corpo	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its repointment as reg	registered istered
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable.	(NOTE: Regis	stered Agen	t signature re	equired when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD □ DELETE		☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	MATHIS, SHARON			1.2 NAME				
STREET ADDRESS	6393 LAKE CHARLENE DR.			1.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST	-ZIP			
TITLE	DVS		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	MORRIS, JULIA			2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			2. 4 CITY-S	f-ZIP			
TITLE	DT		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	MATHIS, JULIUS			3.2 NAME	l			
STREET ADDRESS			1	3.3 STREET	ADDRESS			
CITY-ST-ZIP	SUNNYVALE CA		1	3.4. CITY-S	T-ZIP			
TITLE		19	DELETE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME	i			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S1	r-ZIP			
TITLE			☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	}			5.2 NAME	1			
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-\$1	r-ZIP		<u></u>	
TITLE			DELETE	6.1 TITLE			Change	☐ Addition
NAME .	1			6.2 NAME	ŧ			
STREET ADDRESS			1	6.3 STREET	ADDRESS			;
C/TY-ST-ZIP	}			6.4 CITY-ST	r-ZIP			
14. I hereby	certify that the information supplied	with this filing does	not qualify for the	exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the in	formation

Indicated on this annual report or supplied with this hing does not qualify for the exemple in decade in 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, with all other like empowered.

SIGNATURE: