

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90220 031 \*\*\*\*61.25



DOCUMENT # N04000002101

1. Entity Name

PIMLICO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3810 NORTHDAL BLVD.  
 SUITE 100  
 TAMPA FL 33624

Mailing Address

3810 NORTHDAL BLVD.  
 SUITE 100  
 TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE CR2E037 (10/04)

4. FEI Number

59-354 9209

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COTTERILL, RONALD E  
 WETHINGTON HAMILTON & HARRISON, P.A.  
 400 N. TAMPA STREET SUITE 2625  
 TAMPA FL 33602-4793

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2005**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	NOBLE, GARTH	3810 NORTHDAL BLVD. SUITE 100	TAMPA FL 33624	<input checked="" type="checkbox"/>
VD	MAZUCHOWSKI, JOHN	3810 NORTHDAL BLVD. SUITE 100	TAMPA FL 33624	<input checked="" type="checkbox"/>
STD	WILLIAMS, ROBERT	3810 NORTHDAL BLVD. SUITE 100	TAMPA FL 33624	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Andrew Baxter	2880 Scherer Dr. n. #840	St. Pete, FL 33716	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	Bob Hendrick	2880 Scherer Dr. n. #840	St. Pete, FL 33716	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Doris Dolan	2880 Scherer Dr. n. #840	St. Pete, FL 33716	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Bonnie Schulman	2880 Scherer Dr. n. #840	St. Pete, FL 33716	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Andrew Baxter* Pres.

4/15/05

(813) 991-4649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #