


359 **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90158 012 ****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
2880 Scherer Drive, N

3. Mailing Address
100

Suite, Apt. #, etc.
100

City & State
St. Petersburg FL

City & State
St. Petersburg FL


Zip
33716

Country
USA

Zip
33716

Country
USA

40000000



03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3549209

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
Ron Cotterill

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

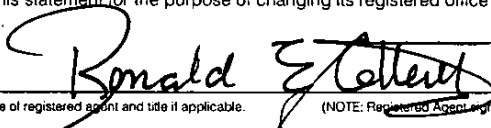
1010 N. Florida Ave

City
Tampa

FL

Zip Code
33602

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  DATE **4-13-06**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	P BAXTER, ANDREW 2880 SCHERER DR N #840 SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDRICK, BOB 2880 SCHERER DR N #840 SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOLAN, DORIS 2880 SCHERER DR N #840 SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHULMAN, BONNIE 2880 SCHERER DR N #840 SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Hendrick 5114 Gato Del Sol Circle Wesley Chapel, FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Frank Thomas 5017 Gato Del Sol Circle Wesley Chapel, FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Raymond Dolente 5025 Gato Del Sol Circle Wesley Chapel, FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Linda Etheridge 5116 Gato Del Sol Circle Wesley Chapel, FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Judith DelValle 5029 Gato Del Sol Circle Wesley Chapel, FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  R.F. Hendrick** **04-18-06** **813/994-4785**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #