

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 034 ****61.25



DOCUMENT # N04000002101
1. Entity Name
PIMLICO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 2870 SCHERER DRIVE, N SUITE 100 SAINT PETERSBURG FL 33716
Mailing Address: 2870 SCHERER DRIVE, N SUITE 100 SAINT PETERSBURG FL 33716



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**COTTERILL, RONALD E
WETHINGTON HAMILTON & HARRISON, P.A.
1010 N. FLORIDA AVE
TAMPA FL 33602**

4. FEI Number: **59-3549209** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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: P NAME: JUMP, DICK STREET ADDRESS: 5220 GATO DEL SOL CIR CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete
TITLE: VP NAME: SWEDBERG, BRODY STREET ADDRESS: 5046 GATO DEL SOL CIR CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete
TITLE: S NAME: SPENCER, MARY STREET ADDRESS: 5111 GATO DEL SOL CIR CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete
TITLE: T NAME: ALLOCA, HAZEL STREET ADDRESS: 5113 GATO DEL SOL CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input 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: P NAME: DENNIS HARRIS STREET ADDRESS: 5120 GATO DEL SOL CIR CITY-ST-ZIP: Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: DORIS ANN DOLAN STREET ADDRESS: 5201 GATO DEL SOL CIR. CITY-ST-ZIP: Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JOHN SPARKS STREET ADDRESS: 5050 GATO DEL SOL CIR. CITY-ST-ZIP: 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 Section 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: *Dennis C. Harris* DENNIS HARRIS 4/16/2008 727-299-9555