

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04065

FILED
Apr 15, 2007
Secretary of State

Entity Name: PICKWICK VILLAGE HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

362 KING JAMES CT.
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

362 KING JAMES CT.
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-2445989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, CAROL
421 VICTORIA DR
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMOTHERMAN, GARY
Address: 36 HANOVER CT
City-St-Zip: PORT ORANGE, FL 32129

Title: S () Delete
Name: WANBAUGH, BILL
Address: 345 KING JAMES CT
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: BENDER, BARBARA
Address: 157 LEICESTER CIRCLE
City-St-Zip: PT ORANGE, FL 32129

Title: T () Delete
Name: SIMON, CAROL G
Address: 421 VICTORIA DR
City-St-Zip: PORT ORANGE, FL 32129

Title: VP () Delete
Name: LEMIEUX, RON
Address: 320 PRINCE EDWARD CT
City-St-Zip: PORT ORANGE, FL 32129

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REVELS, RALPH
Address: 58 REGENCY DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: S (X) Change () Addition
Name: LOCASIO, CHARLES
Address: 366 WINDSOR DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: D (X) Change () Addition
Name: BENDER, BARBARA
Address: 157 LEICESTER CIRCLE
City-St-Zip: PORT ORANGE, FL 32129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ECKLES, GENE
Address: 398 PRINCE EDWARD CT
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Change (X) Addition
Name: OBER, DAVID
Address: 383 PRINCE CHARLES COURT
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OBER, DAVID

D

04/15/2007

Electronic Signature of Signing Officer or Director

Date