

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04065

FILED
Mar 02, 2011
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 COURT
PORT ORANGE, FL 32129

New Mailing Address:

362 KING JAMES CT.
PORT ORANGE, FL 32129

FEI Number: 59-2445989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: D
Name: CAMPBELL, CATHERINE
Address: 199 REGENCY DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: P
Name: ECKLES, EUGENE
Address: 398 PRINCE CHARLES COURT
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: BENDER, BARBARA
Address: 157 LEICESTER CIRCLE
City-St-Zip: PORT ORANGE, FL 32129

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

Title: S
Name: BOYLE, SHEILA
Address: 78 REGENCY DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: MILLER, PHILIP
Address: 288 WINDSOR DRIVE
City-St-Zip: PORT ORANGE, FL 32129

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE CAMPBELL

D

03/02/2011

Electronic Signature of Signing Officer or Director

Date