


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90043 030 ****61.25

DOCUMENT # N05121 1. Entity Name PEMBERTON CREEK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ROBERT MILLER 2813 PEMBERTON CREEK DR SEFFNER FL 33584 US			Mailing Address C/O ROBERT MILLER 2813 PEMBERTON CREEK DR SEFFNER FL 33584 US		
2. Principal Place of Business % JOAN B GARDNER		3. Mailing Address 2910 PEMBERTON CREEK DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SEFFNER FL		City & State SEFFNER FL		4. FEI Number 59-2479909	
Zip 33584		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33584		Country Hillsborough		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HEIM-BOLEN, SHARON 2803 PEMBERTON CREEK DR SEFFNER FL 33584				7. Name and Address of New Registered Agent Name JOAN B GARDNER Street Address (P.O. Box Number is Not Acceptable) 2910 PEMBERTON CREEK DR City SEFFNER FL 33584	
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 <i>Joan B Gardner</i> JOAN B GARDNER 2-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, ROBERT 2813 PEMBERTON CREEK DR SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRAD MEENTS-D 2607 PEMBERTON CREEK DR SEFFNER FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, WILLIAM 6407 PEMBERTON ESTATE CT SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY E. LISA BROOKS-D 2806 PEMBERTON CREEK DR SEFFNER FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REDWINE, BRAD 6705 PEMBERTON ESTATE CT SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOAN B. GARDNER-D 2910 PEMBERTON CREEK DR SEFFNER FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPOOM, BRUCE 6701 BOB WHITE CT SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-AT-LARGE SUSAN DAILY 2507 PEMBERTON CREEK DR SEFFNER FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, ANTHONY 6604 FLICKER COURT SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-AT-LARGE JILL MEENTS 2607 PEMBERTON CREEK DR SEFFNER FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-AT-LARGE MARCELA SEELIG 6602 PEMBERTON SAGE CT SEFFNER FL 33584	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Joan B Gardner</i> JOAN B. GARDNER 2-23-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				813- 685-3726 <small>Date Daytime Phone #</small>	