

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90072 031 ****61.25

DOCUMENT # N05121
 1. Entity Name
PEMBERTON CREEK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 C/O JOAN B GARDNER C/O JOAN B GARDNER
 2910 PEMBERTON CREEK DR 2910 PEMBERTON CREEK DR
 SEFFNER FL 33584 SEFFNER FL 33584
 US US

2. Principal Place of Business SEFFNER FL
 3. Mailing Address 2910 Pemberton Creek
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SAME AS MAILING SEFFNER FL

City & State City & State

Zip Country Zip Country
 33584 USA

20006757

1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARDNER, JOAN B
2910 PEMBERTON CREEK DR.
SEFFNER FL 33584

7. Name and Address of New Registered Agent
 Name **- SAME -**
 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 Joan B. Gardner - Director PEMBERTON CREEK PROPERTY OWNERS ASSOC. INC.
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD MEENTS, BRAD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2607 PEMBERTON CREEK DR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	SD BROOKS, E. LISA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2806 PEMBERTON CREEK DR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	TD GARDNER, JOAN B	<input type="checkbox"/> Delete
STREET ADDRESS	2910 PEMBERTON CREEK DR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	MAL DAILY, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2507 PEMBERTON CREEK DR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	MAL MEENTS, JILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2607 PEMBERTON CREEK DR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	MAL SEELIG, MARCELA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6602 PEMBERTON SAGE CT	
CITY-ST-ZIP	SEFFNER FL 33584	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PRESIDENT BRUCE Phillipoom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6701 BOB WHITE CT	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	SECRETARY BRADLEY REDWINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6705 PEMBERTON ESTATE CT.	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	MEMBER AT LARGE Tim White	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2906 Pem. Creek Dr	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	SOCIAL CHAIRMAN Rhoda Morrell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2906 Pem. Creek Dr	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Joan B. Gardner **JOAN B. GARDNER TRUST.** 1-26-05 813-685-3726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #