

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90021 045 ****61.25

40012599



01082007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05121					
1. Entity Name PEMBERTON CREEK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2910 PEMBERTON CREEK SEFFNER, FL 33584 US			Mailing Address 2910 PEMBERTON CREEK SEFFNER, FL 33584 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
			Hillsborough	Applied For Not Applicable	
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
GARDNER, JOAN B 2910 PEMBERTON CREEK DR. SEFFNER, FL 33584			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 <u>Joan B. GARDNER</u>		<u>Joan B. Gardner</u>		DATE <u>1-23-07</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPOOM, BRUCE		NAME	JAMES DRAPP	
STREET ADDRESS	6701 BOB WHITE CT		STREET ADDRESS	2801 PEMBERTON CREEK DR	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDWINE, BRADLEY		NAME	RONALD E. 'GENE' GARDNER	
STREET ADDRESS	6705 PEMBERTON ESTATE CT		STREET ADDRESS	2910 PEMBERTON CREEK DR	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JOAN B		NAME		
STREET ADDRESS	2910 PEMBERTON CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	SC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITSEAS, CATHERINE		NAME		
STREET ADDRESS	6705 BOB WHITE CT		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	MAL	<input type="checkbox"/> Delete	TITLE	MAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, R.E. "GENE"		NAME	JEFFRY BROOKS	
STREET ADDRESS	2906 PEMBERTON CREEK DR		STREET ADDRESS	2306 PEMBERTON CREEK DR	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete	TITLE	MAL - SC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LISA BROOKS	
STREET ADDRESS			STREET ADDRESS	2806 PEMBERTON CREEK DR	
CITY-ST-ZIP			CITY-ST-ZIP	SEFFNER FL 33584	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Joan B. Gardner Treas.</u>		<u>1-23-07</u>		<u>813-685-3726</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	


(ATTACHMENT)

ATTACHMENT(1)

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ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARDNER, JOAN B 2910 PEMBERTON CREEK DR. SEFFNER, FL 33584		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 <i>Joan B. Gardner</i> Signature, typed or printed name of registered agent and title if applicable		JOAN B. GARDNER <i>Joan B. Gardner</i> (NOTE: Registered Agent signature required when reinstating) DATE 1-23-07	
Filing Fee is \$61.25 Due by May 1, 2007		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	P PHILLIPOOM, BRUCE 6701 BOB WHITE CT SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDWINE, BRADLEY 6705 PEMBERTON ESTATE CT SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARDNER, JOAN B 2910 PEMBERTON CREEK DR SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC MITSEAS, CATHERINE 6705 BOB WHITE CT SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL GARDNER, R.E. "GENE" 2906 PEMBERTON CREEK DR SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	MNL SUSAN DILLI 2507 PEMBERTON CREEK DR SEFFNER FL 33584 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: <i>Joan B. Gardner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-23-07 813-685-3726 Date Daytime Phone #	