

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

1/ Feb 07, 2007 8:00 am  
Secretary of State

01-11-2007 90060 037 \*\*\*\*61.25

DOCUMENT # N06000001533

1. Entity Name  
PILLAR'S LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
1216 BOWMAN STREET  
CLERMONT, FL 34711

Mailing Address  
1216 BOWMAN STREET  
CLERMONT, FL 34711

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

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number

20-5471938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OBRIG, ELWOOD M  
700 ALMOND STREET  
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name Fouad Boutros

Street Address (P.O. Box Number is Not Acceptable)

1216 Bowman Street

City

Clermont

FL

Zip Code

34711

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

Fouad Boutros

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Jan-9-07

Filing Fee is \$61.25  
Due by May 1, 2007

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 D ☐ Delete  
NAME BOUTROS, FOUAD  
STREET ADDRESS 1216 BOWMAN STREET  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☐ Delete  
NAME BOUTROS, DIANE  
STREET ADDRESS 1216 BOWMAN STREET  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☐ Delete  
NAME OBRIG, ELWOOD M ESQ  
STREET ADDRESS 1216 BOWMAN STREET  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 any other like empowered.

SIGNATURE:

Fouad Boutros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan-9-07

Date

Daytime Phone #