

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90010 015 ****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 #
1312 Bowman Street
Suite, Apt. #, etc.

3. Mailing Address
1312 Bowman Street
Suite, Apt. #, etc.

City & State
Clermont, FL
Zip
34711
Country
U.S.A

City & State
Clermont, FL
Zip
34711
Country
U.S.A

01172008 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

**FOUND, BOUTROS
1216 BOWMAN STREET
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name
BOUTROS, FOUAD
Street Address (P.O. Box Number is Not Acceptable)
1312 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb-4-08

**Filing Fee is \$61.25
Due by May 1, 2008**

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	<input type="checkbox"/> Delete
NAME	BOUTROS, FOUAD	
STREET ADDRESS	1216 BOWMAN STREET	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUTROS, DIANE	
STREET ADDRESS	1216 BOWMAN STREET	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OBRIG, ELWOOD M ESQ	
STREET ADDRESS	1216 BOWMAN STREET	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTROS, FOUAD	
STREET ADDRESS	1312 Bowman Street	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTROS, DIANE	
STREET ADDRESS	1312 Bowman Street	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUTROS, LILY	
STREET ADDRESS	1312 Bowman Street	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **Fouad Boutros**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-4-08-3523941032
Date Daytime Phone #