


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90013 024 ****61.25

DOCUMENT # N06000007051					
1. Entity Name PLEASANT VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1020 RICE TERRACE CRYSTAL RIVER, FL 34423			Mailing Address PO BOX253 CRYSTAL RIVER, FL 34423		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Calkins 6222 35 Avenue North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Saint Petersburg, FL		4. FEI Number 72-1618608	
Zip		Country 33710 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, BRET A 1020 RICE TERRACE CRYSTAL RIVER, FL 34423			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 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	CM JOHNSON, BRET A 1020 RICE TERRACE CRYSTAL RIVER, FL 34423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Calkins, Maurita 6222 - 35th Avenue North Saint Petersburg, Florida 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. CALKINS, MERITA 6222 36TH AVENUE NORTH ST. PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEAKMAN, ROBERT 134 OCEAN GROVE DR. ORMOND BEACH, FL 32074		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Maurita Calkins, Secretary</i>			5-29-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
MAURITA CALKINS					