


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-07-2008 90010 016 ****61.25

DOCUMENT # N07000008257 1. Entity Name PILLARS RIDGE 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		3. Mailing Address 1312 Bowman Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clermont, FL		City & State Clermont, FL		4. FEI Number 26-0833241	
Zip 34711		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOUTROS, FOUAD 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 <u>Fouad Boutros</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>Feb-4-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	D <input type="checkbox"/> Delete BOUTROS, FOUAD 1216 BOWMAN STREET CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOUTROS, FOUAD 1312 Bowman Street Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOUTROS, DIANE 1216 BOWMAN STREET CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOUTROS, DIANE 1312 Bowman Street Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DOUEIHI, LILY 1216 BOWMAN STREET CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOUTROS, LILY 1312 Bowman Street Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Fouad Boutros</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>Feb-4-08</u> 352 394 1032 <small>Date Daytime Phone #</small>		