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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08234** **(9)**

1. Corporation Name

PICKETT DOWNS UNITS II & III HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7 CHULUOTA FL 32766	P.O. BOX 7 CHULUOTA FL 32766

3. Date Incorporated or Qualified: **03/18/1985**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2929550** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EVANS, JAY
2535 HIBLAND TRAIL
CHULUOTA FL 32766

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, JAY		1.2 NAME		
STREET ADDRESS	2535 HIBBARD TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	BELSON, MARTIN A		2.2 NAME	ALMA JANS	
STREET ADDRESS	2930 PICKETT DOWNS DR		2.3 STREET ADDRESS	907 WARNER DRIVE	
CITY-ST-ZIP	CHULLUOTA FL		2.4 CITY-ST-ZIP	CHULUOTA, FL 32766	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	FERRELL, RICHARD A.		3.2 NAME	RICARDO CEPPI	
STREET ADDRESS	1978 WARNER DRIVE		3.3 STREET ADDRESS	1913 SABOFF WAY	
CITY-ST-ZIP	CHUOLTA FL		3.4 CITY-ST-ZIP	CHULUOTA, FL 32766	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'MALLEY, TIM		4.2 NAME		
STREET ADDRESS	1881 SABUFF WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL		4.4 CITY-ST-ZIP		
TITLE	AC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	URBANEK, STAN		5.2 NAME		
STREET ADDRESS	2908 PICKETT DOWNS DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RICARDO CEPPI TREASURER 4/10/97 (407)359-2862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077795