

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90008 036 ****61.25

DOCUMENT # N08234	
1. Entity Name PICKETT DOWNS UNITS II & III HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 668 N. ORLANDO AVE., STE. 105 MAITLAND, FL 32751	Mailing Address 668 N. ORLANDO AVE., STE. 105 MAITLAND, FL 32751
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54017365

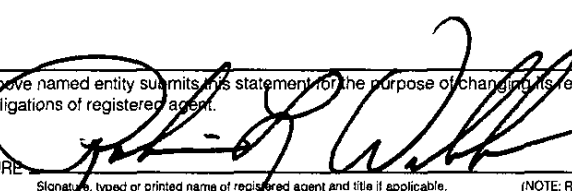


2. Principal Place of Business 901 N. Lake Destiny Dr.	3. Mailing Address 901 N. Lake Destiny Dr.
Suite, Apt. #, etc. Suite 110	Suite, Apt. #, etc. Suite 110
City & State Maitland, FL	City & State Maitland, FL
Zip 32751	Country USA

03032004 Chg-NP CR2E037 (10/03)

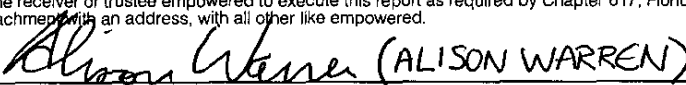
4. FEI Number 59-2929550	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEBB, ROBIN L 668 N. ORLANDO AVE., STE. 105 MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 901 N. Lake Destiny Dr. Suite 110 City Maitland, FL Zip Code 32751
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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 	DATE 3/4/2004
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDERS, DOUG 1784 SABOFF WAY CHULUOTA, FL 32766 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Guin, Steve 2842 Pickett Downs Drive Chuluota, FL 32766 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARREN, ALISON 1913 SABOFF WAY OVIEDO, FL 32766 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VIERCK, CHRIS 1561 VAN HERCKE LN CHULUOTA, FL 32766 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Greg 1720 Saboff Way Chuluota, FL 32766 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEERS, STEVE 1721 SABOFF WAY CHULUOTA, FL 32766 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Clifton, Carolyn 1784 Saboff Way Chuluota, FL 32766 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRONKA, PAT 1468 WARNER DR CHULUOTA, FL 32786 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 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:  (ALISON WARREN)	Date 3-3-04 Daytime Phone # 407-971-2290