2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90008 036 ****61.25

54017365

DOCUMENT # N08234

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

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

2. Principal Place of Business	3. Mailing Address
901 N. Lake Destiny Dr.	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	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

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: _____ 3/4/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 (ALISON WARREN) 3-3-04 407-971-2290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #