

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90067 017 ****61.25

DOCUMENT # N08234 1. Entity Name PICKETT DOWNS UNITS II & III HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 901 N LAKE DESTINY DR. STE. 110 MAITLAND, FL 32751			Mailing Address 901 N LAKE DESTINY DR. STE. 110 MAITLAND, FL 32751		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01252005 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 901 N LAKE DESTINY DR. STE. 110 MAITLAND, FL 32751			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 _____ 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, 2005		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	VPD GUIN, STEVE 2842 PICKETT DOWNS DR. CHULUOTA, FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Simica, Claudia 1849 Saboff Way Chuluota, FL 32766	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, ALISON 1913 SABOFF WAY OVIEDO, FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GREG 1720 SABOFF WAY CHULUOTA, FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLIFTON, CAROLYN 1784 CABOFF WAY CHULUOTA, FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: <i>Alison Warren</i>			<i>Alison Warren</i> Jan 27 '05 407-971-2290		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		