2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90234 008 ****61.25

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DOCUMENT # N08234

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

Principal Place of Business	Mailing Address
901 N LAKE DESTINY DR. STE. 110 MAITLAND, FL 32751	901 N LAKE DESTINY DR. STE. 110 MAITLAND, FL 32751

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04122006 Chg-NP CR2E037 (11/05)

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, 2006

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	PD Abdurrashid, Bilal 2412 Hibbard Trail 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	VD Evans, Jay 2535 Hibbard Trail Chuluota, FL 32766	☐ 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	SD Harmel, Maria 1907 Warner Drive Chuluota, FL 32766	☐ 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	TD Edwards, Clay 2842 Pickett Downs Dr Chuluota, FL 32766	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMICA, CLAUDIA 1849 SABOFF WAY CHULUOTA, FL 32766	☑ 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 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: _____ 4/13/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #