

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08234

FILED
Apr 30, 2007
Secretary of State

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

Current Principal Place of Business:

901 N LAKE DESTINY DR.
STE. 110
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

901 N LAKE DESTINY DR.
STE. 110
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2929550 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEBB, ROBIN L
901 N LAKE DESTINY DR.
STE. 110
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABDURRASHID, BILAL
Address: 2412 HIBBARD TRL
City-St-Zip: OVIEDO, FL 32766

Title: VD () Delete
Name: EVANS, JAY
Address: 2535 HIBBARD TRL
City-St-Zip: OVIEDO, FL 32766

Title: D () Delete
Name: BROWN, GREG
Address: 1720 SABOFF WAY
City-St-Zip: CHULUOTA, FL 32766

Title: TD () Delete
Name: EDWARDS, CLAY
Address: 2842 DICKETT DOWNS DR
City-St-Zip: OVIEDO, FL 32766

Title: SD () Delete
Name: HARMEL, MARIA
Address: 1907 WARNER DR
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILAL ABDURRASHID

PD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date