2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N08719

Entity Name: PLEASANT HILL LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1861 PINE NEEDLE TRL.
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 422756
KISSIMMEE, FL 34742

New Mailing Address:

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

Name and Address of Current Registered Agent:

WEHRLE, LOU
1861 PINE NEEDLE TRL.
KISSIMMEE, FL 34746 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:	DP	( ) Delete
Name:	WEHRLE, LOU	
Address:	1861 PINE NEEDLE TRL.	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	VPD	( ) Delete
Name:	JOE, RIVERA	
Address:	2851 PINE NEEDLE TRL.	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	DS	( ) Delete
Name:	SIEGENTHALER, KATHY	
Address:	1821 PINE NEEDLE TRL.	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	TD	( ) Delete
Name:	SKUGRUD, CHRIS	
Address:	1880 PINE NEEDLE TRL.	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	D	( ) Delete
Name:	WRIGHT, PEGGY	
Address:	2824 LAKE TOHOPEKIALIGA BLVD	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	D	( ) Delete
Name:	BRANNIGAN, GERALD	
Address:	1840 PINE NEEDLE TRL	
City-St-Zip:	KISSIMMEE, FL 34746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	HARVEY, ANGIE	
Address:	1841 PINE NEEDLE TRL.	
City-St-Zip:	KISSIMMEE, FL 34746	
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: LOU WEHRLE DP 01/17/2009
Electronic Signature of Signing Officer or Director — Date