

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90021 008 ****61.25

DOCUMENT # N10175 1. Entity Name PARTRIDGE TERRACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 677307 ORLANDO, FL 32817 US			Mailing Address P O BOX 677307 ORLANDO, FL 32867-7307 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2808845	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRASCA, JOSEPH C/O PREFERRED COMMUNITY MANAGEMENT 4962 NORTH PALM AVENUE WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNY, SEAN		NAME		
STREET ADDRESS	2310 PEAR TREE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, DALILA		NAME		
STREET ADDRESS	2419 PEAR TREE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONNELLY, CAROLYN		NAME		
STREET ADDRESS	2411 PEAR TREE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	T'D GLENN DUNLAP	
STREET ADDRESS			STREET ADDRESS	2344 PEAR TREE CT	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SD ELEANOR SANSEVERINO	
STREET ADDRESS			STREET ADDRESS	2433 PEAR TREE CT	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			SEAN DENNY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-13-08 Daytime Phone # 407 657-7896		