


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90024 031 ****61.25

DOCUMENT # N12211		
1. Entity Name PRITCHARD ISLAND HOMEOWNER'S ASSOCIATION, INC.		

Principal Place of Business 450 PLEASANT GROVE RD INVERNESS, FL 34452 US	Mailing Address 450 PLEASANT GROVE RD INVERNESS, FL 34452 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State City & State	4. FEI Number 59-2892300	Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANNING, JOHN J 450 PLEASANT GROVE RD INVERNESS, FL 34452		7. Name and Address of New Registered Agent Name Harriet McCombs Street Address (P.O. Box Number is Not Acceptable) 836 Pritchard Is. Rd. City Inverness FL Zip Code 34450	
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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 Harriet McCombs, Secretary Harriet McCombs DATE 4-5-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, RALPH <input checked="" type="checkbox"/> Delete 850 PRITCHARD ISLAND RD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSE, JOANN <input checked="" type="checkbox"/> Delete 850 PRITCHARD ISLAND RD. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELMERS, MAXINE <input type="checkbox"/> Delete 820 PRITCHER ISLAND RD. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, JIM <input checked="" type="checkbox"/> Delete 1645 W MAIN ST. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOMBS, TOM <input checked="" type="checkbox"/> Delete 742 SANTA FE ST. THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNING, JOHN <input checked="" type="checkbox"/> Delete 450 PLEASANT GROVE RD INVERNESS, FL 34452

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/Siefert, John, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1032 Pritchard Island Road Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert J. Clemens 838 Pritchard Island Road Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maxine Helmers Helmers, Maxine 7530 E. Broxhill PT. Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gumbel, Sam 982 Pritchard Island Rd Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McCombs, Harriet 836 Pritchard Island Rd Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Harriet McCombs, Secretary Harriet McCombs DATE 4-5-06 352 341-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #