## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N12211

FILED Jun 12, 2008 Secretary of State

Entity Name: PRITCHARD ISLAND HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O BOTTOM LINE BOOKKEEPING 111 W MAIN ST SUITE 207 INVERNESS, FL 34450 **New Mailing Address: Current Mailing Address:** 450 PLEASANT GROVE RD INVERNESS, FL 34452 US FEI Number: 59-2892300 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, ROBERT 111 W MAIN STREET 207 INVERNESS, FL 34450 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SLEFERT, JOHN Name: Name: 1032 PRITCHARD ISLAND RD Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CLEMENS, ROBERT J Name: CLEMENS, ROBERT J Name: Address: 838 PRITCHARD ISLAND RD Address: 838 PRITCHARD ISLAND RD City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450 Title: () Delete Title: () Change () Addition SUTTER, DANA Name: Name: 926 PRITCHARD ISLAND ROAD Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: (X) Change ( ) Addition Title: ST ( ) Delete Title: TR Name: GUMBEL, SAM Name: GUMBEL, SAM 1720 SW 110 TERR 1720 SW 110 TERR Address: Address: City-St-Zip: **DAVIE, FL 33324** City-St-Zip: **DAVIE, FL 33324** Title: VΡ ( ) Delete Title: SEC (X) Change ( ) Addition MARTIN, HOLLY MARY, ENGEL Name: Name: 898 PRITCHARD ISLAND RD 874 PRITCHARD ISLAND RD Address: Address: INVERNESS, FL 34450 City-St-Zip: City-St-Zip: INVERNESS, FL 34450

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: S GUMBEL DIR 06/12/2008