

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12211

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O BOTTOM LINE BOOKKEEPING  
111 W MAIN ST SUITE 207  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

450 PLEASANT GROVE RD  
INVERNESS, FL 34452 US

**New Mailing Address:**

**FEI Number:** 59-2892300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, ROBERT  
111 W MAIN STREET  
207  
INVERNESS, FL 34450 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: P ( ) Delete  
Name: SLEFERT, JOHN  
Address: 1032 PRITCHARD ISLAND RD  
City-St-Zip: INVERNESS, FL 34450

Title: VP ( ) Delete  
Name: CLEMENS, ROBERT J  
Address: 838 PRITCHARD ISLAND RD  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: SUTTER, DANA  
Address: 926 PRITCHARD ISLAND ROAD  
City-St-Zip: INVERNESS, FL 34450

Title: TR ( ) Delete  
Name: GUMBEL, SAM  
Address: 1720 SW 110 TERR  
City-St-Zip: DAVIE, FL 33324

Title: SEC ( ) Delete  
Name: MARY, ENGEL  
Address: 874 PRITCHARD ISLAND RD  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: SMITH, RAY  
Address: 868 PRITCHARD ISLAND RD  
City-St-Zip: INVERNESS, FL 34450

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

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

Title: SEC (X) Change ( ) Addition  
Name: EDWARDS, MARY  
Address: 874 PRITCHARD ISLAND RD  
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: ROBERT COHEN

AGEN

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date