

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # N15821

1. Entity Name
PELWOOD SQUARE ASSOCIATION, INC.



Principal Place of Business

18115 US 41 N.
SUITE 600
LUTZ, FL 33549 US

Mailing Address

18115 US 41 N.
SUITE 600
LUTZ, FL 33549 US



03152005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3025121

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPRINKLE, JUDITH W
18115 U S HWY 41 NORTH
SUITE 600
LUTZ, FL 33549

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DV
NAME PELHAM, C. JOYCE
STREET ADDRESS 1026 CRYSTAL LAKE RD
CITY-ST-ZIP LUTZ, FL 33549

TITLE SD
NAME SPRINKLE, JUDITH
STREET ADDRESS 18115 US 41 N., STE. 600
CITY-ST-ZIP LUTZ, FL 33549

TITLE DP
NAME SPRINKLE, ROBERT R
STREET ADDRESS 18115 US 41 N., STE. 600
CITY-ST-ZIP LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/29/05-R0108-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Judith W. Sprinkle Judith W. Sprinkle

4/26/05 813-949-7449

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #