

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 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**

**DO NOT WRITE IN THIS SPACE**

02052007 No Chg-NP

CR2E037 (4/06)

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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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 resigning)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000699287  
04/19/07-80036-017 61.25

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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:** Judith W. Sprinkle Judith W. Sprinkle 4/4/07 (813) 949-7449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #