2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18769

FILED Apr 13, 2009 Secretary of State

Entity Name: PICKETT'S PARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
9199 NAKO BROOKSV	DMA WAY ILLE, FL 3461	3			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
9199 NAKO BROOKSV	DMA WAY ILLE, FL 3461	3			
FEI Number:	59-2787945	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	JE, JOHN DRIDGE AVE ILLE, FL 3461	3 US	HAINES, JERRY W 8190 GRANT STREI BROOKSVILLE, FL	ET	
The above in the State		submits this statement for the pu	rpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE: JERRY W	/ HAINES		04/13/2009	
	Electron	ic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () DEVICO, JANET 8188 STURBRII BROOKSVILLE,	DGE CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (X) DONOGHUE, JO 8386 WINDRIDO BROOKSVILLE,	GE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROZELLA, JARI 8176 STURBRII BROOKSVILLE,	DGE CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () CUSMANO, PAU 8196 STURBRII BROOKSVILLE,	DGE CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () HAINES, JERRY 8190 GRANT ST BROOKSVILLE,	Г.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () VALDINI, NANC 9380 NAKOMA BROOKSVILLE,	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JERRY W HAINES T/D 04/13/2009