2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21467

City-St-Zip:

ED

JOWELL, KIM

LARGO, FL 33777

Title:

Name:

Address:

City-St-Zip:

ST. PETERSBURG, FL 33702

8384 BAYOU BOARDWALK

() Delete

FILED Mar 14, 2005 Secretary of State

Entity Name: PINELLAS VILLAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 8384 BAYOU BOARDWALK LARGO, FL 33777 **Current Mailing Address: New Mailing Address:** 8384 BAYOU BOARDWALK LARGO, FL 33777 FEI Number: 59-2850760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOWELL, KIM 8384 BAÝOU BOARDWALK LARGO, FL 33777 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 POWELL-NEIMAN, LAURIE Name: Name: 8106 US HWY 19 Address: Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete TROWBRIDGE, DEBORAH Name: WATSON, BILL Name: Address: 4020 PORTSMOUTH RD. Address: 18395 GULF BOULEVARD City-St-Zip: LARGO, FL 33771 City-St-Zip: INDIAN SHORES, FL 33785 Title: TD () Delete Title: (X) Change () Addition NEIMAN, ANGEL CHIARIELLO, ANGEL Name: Name: 9800 4TH ST.N., SUITE 300 9800 4TH ST.N., SUITE 300 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ST. PETERSBURG, FL 33702

() Change () Addition

SIGNATURE: KIM JOWELL ED 03/14/2005