


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90322 040 \*\*\*\*61.25

<b>DOCUMENT # N29225</b>		
1. Entity Name PLEASANT OAKS HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business P.O. BOX 677307 ORLANDO, FL 32867 US	Mailing Address P.O. BOX 677307 ORLANDO, FL 32867 US
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**60025485**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2917026	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FRASCA, JOSEPH C/O PREFERRED COMMUNITY MGMT. 4962 N PALM AVE. WINTER PARK, FL 32792	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	LAZAR, HELEN
STREET ADDRESS	4817 OLD OAK TREE COURT
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	PROWS, MICHAEL
STREET ADDRESS	4804 OLD OAK TREE COURT
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D <input type="checkbox"/> Delete
NAME	COLLINS, ROBERT JR
STREET ADDRESS	5410 OLD OAK TREE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D <input type="checkbox"/> Delete
NAME	HULKONEN, RIKU
STREET ADDRESS	5418 OLD OAK TREE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	REGAN, CARL
STREET ADDRESS	5348 OLD OAK TREE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Davies
STREET ADDRESS	5308 Old Oak Tree Dr.
CITY-ST-ZIP	Orlando, FL 32808
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, name or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert L. Collins Sr*

4/6/2006

Date

407-294-5651

Daytime Phone #