

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35190 (0)

1. Corporation Name

PLEASANT OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

POST OFFICE BOX 544
ELLENTON FL 34222

Mailing Address

POST OFFICE BOX 544
ELLENTON FL 34222

3. Date Incorporated or Qualified
11/13/1989

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0158272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, CHARLES
3018 95TH DR. E.
PARRISH FL 34219

81 Name

Cori Panichello

82 Street Address (P.O. Box Number is Not Acceptable)

3209 95th Dr. E.

83

84 City

Parrish

FL

85 Zip Code

34219

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, CHARLES	
STREET ADDRESS	3018 95TH DR. E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	KINSCH, ROBERT	
STREET ADDRESS	9409 32ND CT. E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ECKERT, SHAWN	
STREET ADDRESS	3010 95TH DR. E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLINE, LOUISE	
STREET ADDRESS	3213 95TH DR. E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mrs. Cori Panichello	
1.3 STREET ADDRESS	3209 95th Dr. E.	
1.4 CITY-ST-ZIP	Parrish FL 34219	
2.1 TITLE	Mr. Paul Murphy	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	9513 32nd Ct. E.	
2.3 STREET ADDRESS	Parrish, FL 34219	
2.4 CITY-ST-ZIP		
3.1 TITLE	S/R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mrs. Mary Ellen Hershberger	
3.3 STREET ADDRESS	9511 32nd Ct E	
3.4 CITY-ST-ZIP	Parrish, FL 34219	
4.1 TITLE	Officer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mrs. Leah Emery	
4.3 STREET ADDRESS	9415 32nd Ct E	
4.4 CITY-ST-ZIP	Parrish, FL 34219	
5.1 TITLE	Officer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mrs. Tom Perkins	
5.3 STREET ADDRESS	3166 95th Dr. E.	
5.4 CITY-ST-ZIP	Parrish, FL 34219	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Ellen Hershberger, Sec/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 1996

Date

Daytime Phone #

(941)

776 3222

CR2E037 (12/95)