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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

POST OFFICE BOX 544  
ELLENTON FL 34222

POST OFFICE BOX 544  
ELLENTON FL 34222-0544



3. Date Incorporated or Qualified  
11/13/1989

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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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

PANICHELLO, CORI  
3209 95TH DR. E.  
PARRISH FL 34219

81 Name Jim Perkins

82 Street Address (P.O. Box Number is Not Acceptable)  
3106 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 Jim Perkins

President

5-1-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME PANICHELLO, CORI  
STREET ADDRESS 3209 95TH DR. E.  
CITY-ST-ZIP PARRISH FL 34219

1.1 TITLE President-D  
1.2 NAME James Perkins  
1.3 STREET ADDRESS 3106 95th Dr E  
1.4 CITY-ST-ZIP Parrish, FL 34219

TITLE V  
NAME MURPHY, PAUL  
STREET ADDRESS 9513 30TH CT. E.  
CITY-ST-ZIP PARRISH FL 34219

2.1 TITLE V  
2.2 NAME Gina Flint  
2.3 STREET ADDRESS 2910 95th Drive E.  
2.4 CITY-ST-ZIP Parrish, FL 34219

TITLE ST  
NAME HARSHBARGER, MARY ELLEN  
STREET ADDRESS 9511 32 CT. E.  
CITY-ST-ZIP PARRISH FL 34219

3.1 TITLE Secy Tr.  
3.2 NAME Mary Ellen Harshbarger  
3.3 STREET ADDRESS 9511 32nd Ct E  
3.4 CITY-ST-ZIP Parrish, FL 34219

TITLE OD  
NAME EMERY, LEAH  
STREET ADDRESS 9415 32ND CT. E.  
CITY-ST-ZIP PARRISH FL 34219

4.1 TITLE OD  
4.2 NAME Cori Panichello  
4.3 STREET ADDRESS 3209 95th Dr. E  
4.4 CITY-ST-ZIP Parrish, FL 34219

TITLE OD  
NAME PERKINS, JIM  
STREET ADDRESS 3106 95 DR. E.  
CITY-ST-ZIP PARRISH FL 34219

5.1 TITLE OD  
5.2 NAME Jim Pomroy  
5.3 STREET ADDRESS 9506 30th Ct E.  
5.4 CITY-ST-ZIP Parrish, FL 34219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

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