FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARAMENTO STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

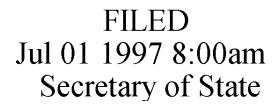
(0)

PLEASANT OAKS ESTATES HOMEOWNERS ASSOCIATION, IN

Principal Place of Business DOOT AFFINE DOV 644

Mailing Address

DOCT OFFICE DOV BAR





ELLENTON FL 34222		ELLENTON FL 34222-0544			
				Date Incorporated or Qualified 11/13/1989	3a. Date of Last Report 03/13/1996
·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0158272	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	[25]	29 30	0		Yes No
ļ	9. Name and Address of Curre	nt Registered Agent	- 04 1	10. Name and Address of New Re	gistered Agent
3209 95	IELLO, CORI 5TH DR. E. H FL 34219		82 Street 3	Tim Perkins Address (P.O. Box Number is Not Acceptal O 6 95 \$ Dr E	,
Ĭ			84 City	Parrish	El 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above-named	corporation submits the statement for the	TL 342/9
office or n	egistered agent, or both, in the State	of Florida. Such change was auti	horized by the cor	corporation submits the statement for the population spoard of directors. I hereby acce	of the appointment as registered
SIGNATURE		1 (7)	1 1 /1	XX 65 5	-1-90
SIGNATURE	Signature, typed or printed name of registered age	ns Pres	egistered Agent signaturi	b required when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	DERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TIZE	President-D	Change Addition
NAME	PANICHELLO, CORI		1.2 NAME	rames Perkins	
STREET ADDRESS	3209 95TH DR. E.		1.3 STREET ADDRESS	3104 95% Dr E	
CITY-ST-ZIP	PARRISH FL 34219		1.4 CITY-ST-ZIP	Parrish, FL 345	119
TITLE	V	DELETE	2.1 TITLE	V	Change Addition
NAME	MURPHY, PAUL		2.2 NAME	Gina Fliat	
STREET ADDRESS	9513 30TH CT. E.		2.3 STREET ADDRESS	2910 950 Dri	re E.
CITY-ST-ZIP	PARRISH FL 34219		2.4 CITY-ST-ZIP	Parrish, FL 34219	•
TITLE	ST	☐ DELETE	3.1 TITLE	SectTo.	Change Addition
NAME	HARSHBARGER, MARY ELLE	in :	3.2 NAME	many Ellen Harshb	anger
STREET ADDRESS	9511 32 CT. E.		3.3 STREET ADDRESS	Sector, mary Ellen Harshb	~
CITY-ST-ZIP	PARRISH FL 34219		3.4. CITY-ST-ZIP	Parrish, FL 34219	
TITLE	OD	☐ DELETE	4.1 TITLE	0'D	Change Addition
NAME	EMERY, LEAH	į	4. 2 NAME	Coni Panichello	
STREET ADDRESS	9415 32ND CT. E.		4.3 STREET ADDRESS	3209 95 th Dr. E	
CITY-ST-ZIP	PARRISH FL 34219		4.4 CiTy - ST - ZIP	Parnish, FL 34	219
TITLE	OD	DELETE	5.1 TITLE	OD	☐ Change ⚠ Addition
NAME	Perkins, Jim		5.2 NAME	Jim Pomroy	
STREET ADDRESS	\$106 95 DR. E.		5.3 STREET ADDRESS	9506 304 Ct E.	i
CITY-ST-ZIP	PARRISH FL 34219		5.4 CITY-ST-ZIP	Parrish, FL 342	19
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		1

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.

(941)