## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

PLEASANT OAKS ESTATES HOMEOWNERS ASSOCIATION, IN

**FILED** Mar 19 1998 8:00am Secretary of State

ncorporated or Qualified	

U.							
Principal Plac	ce of Business	Mailing Ad	dress			ELDIN ENENI ONDIK ONDIK OKOKI OKOKI OŻDIK 1860)	
POST OFFICE	POST OFFICE BOX 544 POST OFFICE BOX 544			9. Data transported or Qualified			
ELLENTON FL		ELLENTON			3. Date incorporated or Qualified 11/13/1989		
İ					4. FEI Number	Applied For	
					65-0158272	Not Applicable	
<u>-</u>	Place of Business	2a. Malling	Address			\$8.75 Additional	
21 Cuito Ant	# ***	26				Fee Required	
Suite, Apt.	. w, etc.	27 Suite, A	pt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
City & Stal	le	City & S	tate		7. Is this nonprofit corporation a home		
23	28			Yes No			
Zip	Country	Zip	h	ountry	This corporation owes or has pald to		
24	25 Name and Address of Cur	29	[30]	<del></del>	Personal Property Tax due June 30		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name							
PERKIN	18 .UM.			Pa	Address (F.O. Box Number Is Not Acceptable)		
1	STH OR E			82 Street	Address (F.O. Box Number is Not Acceptable)	ੜ	
	H FL 34219			83		· · · · · · · · · · · · · · · · · · ·	
				84 City /		es 7io Codo	
			<u> </u>	1 1 4	arrish	FL 39219	
11. Purtuant office or a	to the provisions of Sections 617.0 registered agent, or both in the St	1502 and 617 1508, age 61 Florids, Such	Florida Statutes, the change was authoriz	above-named ed by the con	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered	
	im lamiliar with, and accorpt the ob	Migatións of, Saction	617.0503, Florida St	tatutes.	7/12/		
SIGNATURE	Signature: typed or printed name of registered	agent and title if applicable	(NOTE Registe	Agent signature	required when reinstating)	ATE	
12.		AND DIRECTORS	713		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
TITLE	PD		DELETE 4.1	TILE		Change	
NAME	PERKÍNS, JAMES			NAME :	Pomroy, Jim 9503 30 to CtE	•	
STREET ADDRESS	3106 95TH DR E PARRISH FL			STREET ADDRESS	Parrish, FL 3421	r	
CITY-ST-ZIP TITLE	V PARINON FL			CITY-ST-ZIP TITLE	V 3721	✓ Change	
NAME	FLINT, GINA	•		NAME	Perkins Jim	de cuando Cil ventant	
STREET ADDRESS	2910 95TH DRIVE E			STREET ADDRESS	3106 95 DOE	··•	
CITY-ST-ZIP	PARRISH FL		2.4	CITY-ST-ZIP	Parrish, FL 34219	•	
TITLE	ST	_	DELETE 3.1	TITLE	ST	Change Addition	
NAME	HARSHBARGER, MARY EL	LEN	· · ·	NAME	King, Marge		
STREET ADORESS	9511 32 CT. E.			STREET ADDRESS	9509 32 Ha CHE Parrish, FL 34	219	
CITY-ST-ZIP TITLE	PARRISH FL OD			CITY-ST-ZIP TITLE	, -1. , ,	Change    Addition	
NAME	PANICHELLO, CORI			NAME	Schort, Shawn	M cuanto nonlinui	
STREET ADDRESS	3209 95TH DR E				3010 950 DrE		
CITY-ST-ZIP	PARRISH FL		1	CITY-ST-ZIP	Parrish, FL 34	12 15	
TITLE	OD .			TITLE	OD	Change Addition	
NAME	POMROY, JIM		5.2	NAME	Manino Jon	′	
STREET ADDRESS	9506 30TH COURT E		5.3	STREET ADDRESS	9517 3 has ct 5		
CITY-ST-ZIP	PARRISH FL			CITY - ST- ZIP	Parrish FL	D Observe To Laden	
TITLE NAME		L		TITLE	•	☐ Change ☐ Addition	
STREET ADDRESS		)	, I	NAME Street address		•	
CITY-ST-ZIP		,		O INTEL WITHER			
WIII-91-24F				CITY-ST-21P			

peport as required by Chapter 617, Florida Statutes; and that my name appears in