

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90185 005 ****61.25

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DOCUMENT # N35190

1. Corporation Name

**PLEASANT OAKS ESTATES HOMEOWNERS ASSOCIATION, IN
C.**

Principal Place of Business

POST OFFICE BOX 544
ELLENTON FL 34222

Mailing Address

POST OFFICE BOX 544
ELLENTON FL 34222



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/13/1989

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

9. Name and Address of Current Registered Agent

POMROY, JIM
9503 30TH COURT E
PARRISH FL 34219

10. Name and Address of New Registered Agent

81 Name **Patricia Duncan**
82 Street Address (P.O. Box Number is Not Acceptable)
3110 95th Drive East
83 **Parrish**
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

Patricia A. Duncan
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **PERKINS, JAMES**
STREET ADDRESS **3106 95TH DR E**
CITY-ST-ZIP **PARRISH FL**

TITLE **V** ☒ DELETE
NAME **FLINT, GINA**
STREET ADDRESS **2910 95TH DRIVE E**
CITY-ST-ZIP **PARRISH FL**

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

TITLE **OD** ☒ DELETE
NAME **PANICHELLO, CORI**
STREET ADDRESS **3209 95TH DR E**
CITY-ST-ZIP **PARRISH FL**

TITLE **OD** ☒ DELETE
NAME **POMROY, JIM**
STREET ADDRESS **9506 30TH COURT E**
CITY-ST-ZIP **PARRISH FL**

TITLE **PD** ☒ DELETE
NAME **POMROY, JIM**
STREET ADDRESS **9503 30TH COURT E**
CITY-ST-ZIP **PARRISH FL 34219**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☒ Change ☐ Addition
1.2 NAME **Shawn Eckert**
1.3 STREET ADDRESS **3010 95th Dr E**
1.4 CITY-ST-ZIP **Parrish, FL 34219**

2.1 TITLE **ST** ☒ Change ☐ Addition
2.2 NAME **Patricia Duncan**
2.3 STREET ADDRESS **3110 95th Dr E**
2.4 CITY-ST-ZIP **Parrish, FL 34219**

3.1 TITLE **OD** ☒ Change ☐ Addition
3.2 NAME **Jon Marino**
3.3 STREET ADDRESS **9517 30th Court E**
3.4 CITY-ST-ZIP **Parrish, FL 34219**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE:

Patricia A. Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (941) 776-5046
Date Daytime Phone #

CR2E037 (1/1/98)