

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35190

1. Entity Name

PLEASANT OAKS ESTATES HOMEOWNERS ASSOCIATION, IN

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90087 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 544  
ELLENTON FL 34222

POST OFFICE BOX 544  
ELLENTON FL 34222-0544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0158272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, PATRICIA  
3110 95TH DR.  
PARRISH FL 34219

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
NAME ECKERT, SHAWN  
STREET ADDRESS 3010 95TH DR. E.  
CITY-ST-ZIP PARRISH FL 34219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME DUNCAN, PATRICIA  
STREET ADDRESS 3110 95TH DR. E.  
CITY-ST-ZIP PARRISH FL 34219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE OD ☐ Delete  
NAME MARINO, JON  
STREET ADDRESS 9517 30TH CT. E.  
CITY-ST-ZIP PARRISH FL 34219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME James Perkins  
STREET ADDRESS 3106 95th Dr E  
CITY-ST-ZIP Parrish FL 34219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia J. Duncan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (941) 776-5846  
Date Daytime Phone #

CR2E037 (9/99)