
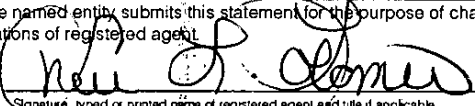
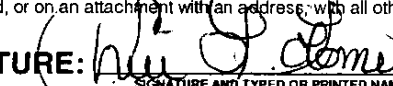


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90176 017 ****61.25

DOCUMENT # N35190 1. Entity Name PLEASANT OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0158272	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROWNTREE, JANICE 3205 95 DRIVE E PARRISH FL 34219				Name SHERI L. TOLOMEO Street Address (P.O. Box Number is Not Acceptable) 3006 95th DR EAST City PARRISH FL 34219	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3-3-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESENBERG, BUD 3021 95 DRIVE E PARRISH FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER Jandy WESENBERG 3021 95th DR. EAST PARRISH, FL 34219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROWNTREE, JANICE 3205 95 DRIVE PARRISH FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER SHERI L. TOLOMEO 3006 95th DR EAST PARRISH, FL 34219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCOFIELD, TERRY 9406 32 CT E PARRISH FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER URSULA ASHBURY 9409 32nd COURT EAST PARRISH, FL 34219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WILSON, JEFF 3102 95 DR E PARRISH FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEFF WILSON 3102 95th DR EAST PARRISH FL 34219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ARNO, DAVID 3017 95 DRIVE E PARRISH FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID ARNO 3017 95th DR EAST PARRISH, FL 34219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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:  SHERI L. TOLOMEO (SECRETARY/TREASURER 2/28/05 941-212-0312) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					