2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2007 8:00 am
Secretary of State
02-22-2007 90001 007 ****61.25

DOCUMENT # N35190

1. Entity Name

PLEASANT OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 544 ELLENTON FL 34222	POST OFFICE BOX 544 ELLENTON FL 34222

2nd MOORE CR2E037 (4/07)

2. Principal Place of Business - No P.O. Box #	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

WESENBERG, SANDY
3006 95TH DR EAST
PARRISH FL 34219

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 5, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	ST WESENBERG, SANDY 3021 95 DRIVE E PARRISH FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WESENBERG, SANDY L 3006 95TH DR EAST PARRISH FL 34219	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Marshberger MARY Ellen 9511 32nd CT. EAST Parrish FL 34219 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM ASHBURY, URSULA 9409 32ND COURT EAST PARRISH FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Ashbury, Charles 9409 32nd CT EAST Parrish, FL 34219
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILSON, JEFF 3102 95 DR E PARRISH FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARNO, DAVID 3017 95 DRIVE E PARRISH FL 34219	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sherri L. Toloneo 3006 95th DR EAST Parrish, FL 34219 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 8-10-07 941-747-1062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #