

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90006 002 \*\*\*\*61.25

**DOCUMENT # N36230**



1. Entity Name  
**PICKETTS COVE HOMEOWNERS ASSOCIATION OF  
ORANGE COUNTY, INC.**

Principal Place of Business  
**1750 W. BROADWAY ST.  
SUITE 118  
OVIDO, FL 32765 US**

Mailing Address  
**1750 W. BROADWAY ST.  
SUITE 118  
OVIDO, FL 32765 US**

**40047599**



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

**1750 W. Broadway St**

3. Mailing Address

**PO Box 620368**

Suite, Apt. #, etc.

**Suite #220**

Suite, Apt. #, etc.

01112008

Chg-NP

CR2E037 (12/06)

City & State

**Oviedo, FL**

City & State

**Oviedo, FL**

4. FEI Number

**59-3128749**

Applied For

Not Applicable

Zip

**32765**

Country

**USA**

Zip

**32762**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, KEVIN  
1750 WEST BROADWAY ST.  
#118  
OVIDO, FL 32765**

Name

**Kevin Davis**

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

**1750 W. Broadway St.**

**Suite #220**

City

**Oviedo**

FL

Zip Code

**32765**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	WAGNER, GLENDA	
STREET ADDRESS	4823 BASS POINT RD	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WASHBURN, DAN	
STREET ADDRESS	17138 PICKETTS COVE RD	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SKURA, EMILE	
STREET ADDRESS	17114 PICKETTS COVE RD	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: DAN WASHBURN** **3/5/08** **407-365-9568**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #