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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46565 (0)

1. Corporation Name

PONDEROSA ESTATES HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1832 SE 183 TERRACE
SILVER SPRINGS FL 34488
US1832 SE 183 TERRACE
SILVER SPRINGS FL 34488-0402
US3. Date Incorporated or Qualified
12/19/19913a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 18548 SE 19TH ST.

26 18548 SE 19TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Silver Springs, FL.

28 Silver Springs, FL.

Zip

Country

Zip

Country

24 34488

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PULLEN, LINDBERG A
1832 SE 183 TERRACE
SILVER SPRINGS FL 34488

81 Name NICHOLAS WEHRING

82 Street Address (P.O. Box Number is Not Acceptable)
18720 SE 21st

83 SILVER SPRINGS

84 City

FL

85 Zip Code
34488

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 Nicholas Wehring

PRESIDENT

Nicholas Wehring

1-25-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME PULLEN, LINDBERG A
STREET ADDRESS 1832 SE 183 TERRACE
CITY-ST-ZIP SILVER SPRINGS FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME WEHRING, Nicholas
1.3 STREET ADDRESS 18720 SE 21st
1.4 CITY-ST-ZIP Silver Springs FL 34488TITLE VD ☐ DELETE
NAME SHOLETTE, STANLEY M
STREET ADDRESS 1820 SE 187 AVE
CITY-ST-ZIP SILVER SPRINGS FL2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME BETTY, Kilmer
2.3 STREET ADDRESS 1855 S.E. 185 COURT
2.4 CITY-ST-ZIP Silver Springs, FL.TITLE D ☐ DELETE
NAME GWINN, NATHANIEL
STREET ADDRESS 18548 SE 19TH STREET
CITY-ST-ZIP SILVER SPRING FL3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME Sholette, Stanley
3.3 STREET ADDRESS 1820 SE. 187 AVE
3.4 CITY-ST-ZIP Silver Springs, FL.TITLE D ☐ DELETE
NAME SPRENKEL, PHILLIS
STREET ADDRESS 1950 SE 187TH AVENUE
CITY-ST-ZIP SILVER SPRINGS FL4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME SPRENKEL, Phillis
4.3 STREET ADDRESS 1950 SE. 187th AVE.
4.4 CITY-ST-ZIP Silver Springs, FLTITLE D ☐ DELETE
NAME THOMSON, DOROTHEA
STREET ADDRESS 1930 SE 183RD TERRACE
CITY-ST-ZIP SILVER SPRINGS FL5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME THOMSON, DOROTHEA
5.3 STREET ADDRESS 1930 SE. 183rd Terrace
5.4 CITY-ST-ZIP Silver Springs, FL.TITLE ST ☐ DELETE
NAME PULLEN, EMILY A
STREET ADDRESS 1832 SE 183RD TERRACE
CITY-ST-ZIP SILVER SPRINGS FL6.1 TITLE ST ☒ Change ☐ Addition
6.2 NAME NATHANIEL GWINN
6.3 STREET ADDRESS 18548 S.E. 19th STREET
6.4 CITY-ST-ZIP Silver Springs, FL.

14. I do 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.

SIGNATURE: Nicholas Wehring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Wehring 1-25-97

352
625-4428

Date

Daytime Phone # 0000123

CR2E037 (9/96)