


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 16, 1999 8:00 am  
Secretary of State

02-16-1999 90031 033 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46565**

1. Corporation Name

**PONDEROSA ESTATES HOME OWNER'S ASSOCIATION, INC.**

Principal Place of Business

18621 S.E. 18TH ST  
SILVER SPRINGS FL 34488  
US

Mailing Address

18621 S.E. 18TH ST.  
SILVER SPRINGS FL 34488  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/19/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3180061	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		25		29	30

9. Name and Address of Current Registered Agent

**GEARHART, THEODOR**  
18621 S.E. 18TH STREET  
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARHART, THEODOR	1.2 NAME	
STREET ADDRESS	18621 S.E. 18TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILMER, BETTY	2.2 NAME	
STREET ADDRESS	1855 S.E. 185TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWINN, NATHANIEL	3.2 NAME	
STREET ADDRESS	18548 SE 19TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTH, FRANCIS W.	4.2 NAME	
STREET ADDRESS	18389 S.E. 18TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, DOROTHEA	5.2 NAME	
STREET ADDRESS	1930 SE 183RD TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNELL, RAYMOND	6.2 NAME	
STREET ADDRESS	18385 S.E. 18TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Theodor Gearhart* **THEODOR GEARHART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-99 352 625-1045

CR2E037 (11/98)