

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90313 044 ****61.25

DOCUMENT # N46565

1. Entity Name

PONDEROSA ESTATES HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business

18621 SE 18TH ST
SILVER SPRINGS FL 34488
US

Mailing Address

18621 SE 18TH ST
SILVER SPRINGS FL 34488
US



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

59-3180061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEARHART, THEODORE
18621 SE 18TH ST
SILVER SPRINGS FL 34488

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 May 1, 2006

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	VP	<input checked="" type="checkbox"/> Delete
NAME	HEAD, THOMAS	
STREET ADDRESS	18656 SE 18TH STREET	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	GWINN, NATHANEL	
STREET ADDRESS	18548 SE 19TH STREET	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GEARHART, THEODOR	
STREET ADDRESS	18624 SE 18TH STREET	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GEARHART, DOLORES	
STREET ADDRESS	18621 SE 18TH STREET	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHOLETTE, STANLEY	
STREET ADDRESS	1820 SE 18TH	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRYDEN, EDNA	
STREET ADDRESS	18671 SE 18TH ST	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vaughn Howell	
STREET ADDRESS	18580 SE 18th St.	
CITY - ST - ZIP	Silver Springs, FL 34488	
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	Betty Kilmer	
STREET ADDRESS	1855 SE 18th Ct	
CITY - ST - ZIP	Silver Springs, FL 34488	
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 Section 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: *Theodore Gearhart* **Theodore Gearhart** 4-5-06 352
625-1085