

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46565

FILED
Apr 01, 2009
Secretary of State

Entity Name: PONDEROSA ESTATES HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

18621 SE 18TH ST
SILVER SPRINGS, FL 34488 US

New Principal Place of Business:

Current Mailing Address:

18621 SE 18TH ST
SILVER SPRINGS, FL 34488 US

New Mailing Address:

FEI Number: 59-3180061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PATTON, PAUL
Address: 1820 SE 187AVE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: GWINN, NATHANEL
Address: 18548 SE 19TH STREET
City-St-Zip: SILVER SPRINGS, FL 34488

Title: PD () Delete
Name: GEARHART, THEODOR
Address: 18624 SE 18TH STREET
City-St-Zip: SILVER SPRINGS, FL 34488

Title: ST () Delete
Name: GEARHART, DOLORES
Address: 18621 SE 18TH STREET
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: KILMER, BETTY
Address: 1855 SE 85TH CT
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: DRYDEN, EDNA
Address: 18671 SE 18TH ST
City-St-Zip: SILVER SPRINGS, FL 34488

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE B. GEARHART

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date