2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50061

FILED Apr 15, 2005 Secretary of State

Entity Name: PEGRAM LAKE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 22211 NE 101 ST TERR RD ORANGE SPRINGS, FL 32182 US **Current Mailing Address: New Mailing Address:** P.O. BOX 286 ORANGE SPRINGS, FL 32182 US FEI Number: 59-3137140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARNOLD, RENEE C 13210 NE 245TH ST. RD. PO BOX 285 ORANGE SPRINGS, FL 32182 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARY SHANNON, Name: Name: 10394 NE 218 LANE ROAD Address: Address: City-St-Zip: ORANGE SPRINGS, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, LARRY Name: MUSIAL, NORBERT Name: Address: 10450 NE 222ND PL. RD. Address: 5512 NW LANE City-St-Zip: FORT MC COY, FL 32134 City-St-Zip: GAINESVILLE, FL 32653 Title: () Delete Title: () Change () Addition ARNOLD, MELISA Name: Name: 10485 NE 222ND PL. RD. Address: Address: City-St-Zip: FORT MC COY, FL 32134 City-St-Zip: Title: () Delete Title: () Change () Addition ARCHER, ANN Name: Name: Address: PO BOX 424 Address: City-St-Zip: FORT MC COY, FL 32134 City-St-Zip: Title: () Delete Title: (X) Change () Addition ARNOLD, RENEE ARNOLD, RENEE Name: Name: P.O. BOX 286 P.O. BOX 286 Address: Address: ORANGE SPRINGS, FL 32182 City-St-Zip: City-St-Zip: ORANGE SPRINGS, FL 32182 Title: () Delete Title: (X) Change () Addition MUSIAL, NORBERT VANCE, JUNE Name: Name: Address: **5512 NW LANE** Address: P.O. BOX ORANGE SPRINGS, FL 32182 GAINESVILLE, FL 32653 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RENEE ARNOLD T 04/15/2005