




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90200 045 ****61.25

DOCUMENT # N50061 1. Entity Name PEGRAM LAKE OWNERS' ASSOCIATION, INC.					
Principal Place of Business 22211 NE 101 ST TERR RD ORANGE SPRINGS, FL 32182 US			Mailing Address P.O. BOX 286 ORANGE SPRINGS, FL 32182 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 273 Suite, Apt. #, etc.			
City & State Orange Springs		City & State Orange Springs		4. FEI Number 59-3137140	
Zip 32182		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNOLD, RENEE C 13210 NE 245TH ST. RD. PO BOX 285 ORANGE SPRINGS, FL 32182				7. Name and Address of New Registered Agent Name MELISA J Arnold Street Address (P.O. Box Number is Not Acceptable) 10485 NE 222nd PL Rd City Fort McCoy FL Zip Code 32134	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/17/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARY SHANNON 10394 NE 218 LANE ROAD ORANGE SPRINGS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSIAL, NORBERT 5512 NW LANE GAINESVILLE, FL 32653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, MELISA 10485 NE 222ND PL. RD. FORT MC COY, FL 32134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vern's Pipkin 10380 NE 222nd PL Rd Fort McCoy FL 32134 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, ANN PO BOX 424 FORT MC COY, FL 32134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARNOLD, RENEE P.O. BOX 286 ORANGE SPRINGS, FL 32182	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Melisa Arnold 10485 NE 222nd PL Rd Fort McCoy FL 32134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANCE, JUNE P.O. BOX ORANGE SPRINGS, FL 32182	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/17/06 DAYTIME PHONE # 352-546-4194		