

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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 273
ORANGE SPRINGS, FL 32182 US



04272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3137140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, MELISA J
10485 NE 222ND PL RD
FORT MC COY, FL 32134

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MARY SHANNON
10394 NE 218 LANE ROAD
ORANGE SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MUSIAL, NORBERT
5512 NW LANE
GAINESVILLE, FL 32653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIPKINS, VENNIS
10380 NE 222ND PL RD
FORT MC COY, FL 32134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARCHER, ANN
PO BOX 424
FORT MC COY, FL 32134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ARNOLD, MELISA
10485 NE 222ND PL RD
FORT MC COY, FL 32134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VANCE, JUNE
P.O. BOX
ORANGE SPRINGS, FL 32182

U00000845743
05/30/08-80020-012 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #