

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50061

FILED
May 19, 2009
Secretary of State

Entity Name: PEGRAM LAKE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

22211 NE 101 ST TERR RD
ORANGE SPRINGS, FL 32182 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273
ORANGE SPRINGS, FL 32182 US

New Mailing Address:

10485 NE 222ND PLACE ROAD
FT MCCOY, FL 32134 US

FEI Number: 59-3137140 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARNOLD, MELISA J
10485 NE 222ND PL RD
FORT MC COY, FL 32134 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: DP () Delete
Name: MARY SHANNON
Address: 10394 NE 218 LANE ROAD
City-St-Zip: ORANGE SPRINGS, FL

Title: VP () Delete
Name: MUSIAL, NORBERT
Address: 5512 NW LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: PIPKINS, VENNIS
Address: 10380 NE 222ND PL RD
City-St-Zip: FORT MC COY, FL 32134

Title: D () Delete
Name: ARCHER, ANN
Address: PO BOX 424
City-St-Zip: FORT MC COY, FL 32134

Title: T () Delete
Name: ARNOLD, MELISA
Address: 10485 NE 222ND PL RD
City-St-Zip: FORT MC COY, FL 32134

Title: S (X) Delete
Name: VANCE, JUNE
Address: P.O. BOX
City-St-Zip: ORANGE SPRINGS, FL 32182

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: S (X) Change () Addition
Name: GOMEZ, KELLI
Address: 22045 NE 106TH AVENUE
City-St-Zip: FT MCCOY, FL 32134

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: MELISA ARNOLD

T

05/19/2009

Electronic Signature of Signing Officer or Director

Date