2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003439

FILED Apr 23, 2009 Secretary of State

Entity Name: PIPKIN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Mailing Address: PO BOX 5242 LAKELAND, FL 33807 US FEI Number: 89-3203522 FEI Number Applied For () FEI Number Not Applicable () Cortificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: SWEAT, WILLIAM A JR 2018 SOUTH FLORIDA AVENUE LAKELAND, FL 33806 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: Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: OBRIEN, SCOTT Address: 439 DOSSETWOOD D.T Address: 1128 DOSSETWOOD L.T Name: HARRISON-CROWE, HEIDI Name: HARRISON-CROWE, HEIDI Name: BRACKEMMER, KATHLEEN Name: RACKEMMER, KATHLEEN Name: RACKEMMER, KATHLEEN Name: RACKEMMER, KATHLEEN Name: KINCLE, SUE Address: City-St-Zip: Title: D () Change () Addition Name: Address: Title: () Change () Addition Name: Name: RINCLE, SUE Address: City-St-Zip: Title: () Change () Addition Name: Name: RINCLE, SUE Address: City-St-Zip: Title: () Change () Addition Name: Name: RINCLE, SUE Address: City-St-Zip: Title: () Change () Addition Name: Name: RINCLE, SUE Address: City-St-Zip: Title: () Change () Addition Name: STARR, CYNTHIA	Current Pi	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
PO BOX 5242 LAKELAND, FL 33807 US FEI Number: 59-3203522 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: SWEAT, WILLIAM A JR 2018 SOUTH FLORIDA AVENUE LAKELAND, FL 33806 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	PO BOX 5242 LAKELAND, FL 33807 US						
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OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: P () Delete Title: () Change () Addition Name: 0'BRIEN, SCOTT Name: Address: 4839 DOSSEYWOOD CT Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: V () Delete Title: () Change () Addition Name: IRONS, CHRISTINE A Name: Address: 1128 DOSSEYWOOD LN Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: HARRISON-CROWE, HEIDI Name: Address: 1152 DOSSEYWOOD LN Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: BRACKEMYER, KATHLEEN Name: Address: 1163 DOSSEYWOOD LN Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: D () Delete Name: Name: Address:	2018 SOU	TH FLORIDA /					
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Title:		Electror	nic Signature of Registered Agen	t		Date	
Name: O'BRIEN, SCO'TT	OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTORS:	
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Address: 1204 DOSSEYWOOD LN Address: 1104 DOSSEYWOOD LANE City-St-Zip: LAKELAND, FL 33811 City-St-Zip: LAKELAND, FL 33811	Name: Address:	GARRETT, JOH 1204 DOSSEY	HN WOOD LN	Name: Address:	STARR, CYN 1104 DOSS	NTHIA EYWOOD LANE	

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: KATHLEEN C. BRACKEMYER TREA 04/23/2009