
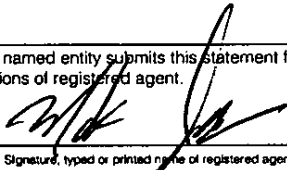
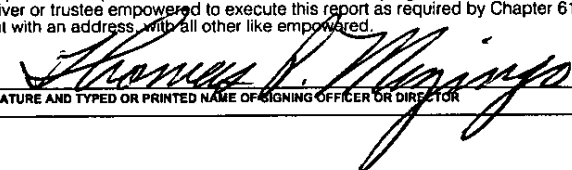


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90018 011 \*\*\*\*61.25

<b>DOCUMENT # N93000003493</b> 1. Entity Name <b>PINEDA CROSSING HOMEOWNERS' ASSOCIATION, INC.</b>					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country	
4. FEI Number <b>65-0430915</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPACE COAST PROPERTY MANAGEMENT OF BREVARD</b> <b>4617 COOLING AVENUE</b> <b>MELBOURNE, FL 32935</b>					
7. Name and Address of Former Registered Agent _____ _____ _____					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida; I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>MARK JACKSON</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>3/2/2006</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> Delete	TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOZINGO, TOM		NAME	_____	
STREET ADDRESS	4954 PIGEN PLUM CIRCLE		STREET ADDRESS	_____	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	_____	
TITLE	D	<input type="checkbox"/> Delete	TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUPOLI, RICK		NAME	_____	
STREET ADDRESS	4777 ALAMANDA DRIVE		STREET ADDRESS	_____	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	_____	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADDIS, DILINA K.		NAME	_____	
STREET ADDRESS	4797 ALAMEDA DR.		STREET ADDRESS	_____	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	_____	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, STEWART		NAME	_____	
STREET ADDRESS	5026 INDIGO WAY		STREET ADDRESS	_____	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	_____	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIA, ALBERT		NAME	_____	
STREET ADDRESS	4798 ALAMANDA DRIVE		STREET ADDRESS	_____	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	_____	
TITLE	D	<input type="checkbox"/> Delete	TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, ROBERT		NAME	_____	
STREET ADDRESS	3423 PINEDA CROSSING DRIVE		STREET ADDRESS	_____	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	_____	
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<b>3/15/06</b> <small>Date</small>	<b>321-242-6682</b> <small>Daytime Phone #</small>