
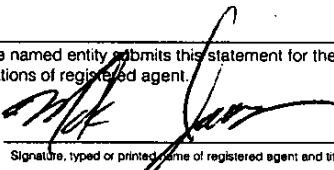
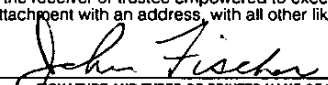


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 016 ****61.25

DOCUMENT # N93000003493 1. Entity Name PINEDA CROSSING HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O SPACE COAST PROPERTY MGMT. 645 CLASSIC CT., STE 104 MELBOURNE, FL 32940			Mailing Address C/O SPACE COAST PROPERTY MGMT. 645 CLASSIC CT., STE 104 MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0430915	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPACE COAST PROPERTY MANAGEMENT OF BREVARD C/O SPACE COAST PROPERTY MGMT. 645 CLASSIC CT., STE 104 MELBOURNE, FL 32940			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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.</small>		MARK JACKSON <small>(NOTE: Registered Agent signature required when reinstating)</small>		2/9/2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 MOZINGO, TOM 4954 PIGEN PLUM CIRCLE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fischer, John 5010 Indigo Way Melbourne, FL 32940
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUPOLI, RICK 4777 ALAMANDA DRIVE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tankersley, Marlena 3892 Long Leaf Drive Melbourne, FL 32940
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GADDIS, DILINA K. 4797 ALAMEDA DR. MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ward, Janice 4951 Pigeon Plum Circle Melbourne, FL 32940
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WARREN, STEWART 5026 INDIGO WAY MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T King, Marcia 5000 Indigo Way Melbourne, FL 32940
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAIA, ALBERT 4798 ALAMANDA DRIVE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herman, John 3521 Long Leaf Dr. Melbourne, FL 32940
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, ROBERT 3423 PINEDA CROSSING DRIVE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Connor, Rich 3497 Long Leaf Dr Melbourne, FL 32940
		<input type="checkbox"/> Change <input checked="" 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: 		2/22/07		321-757-9439	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

40027410

ADDITIONAL DIRECTOR

#U93000003493

PINEDA CROSSING HOMEOWNERS ASSOCIATION, INC 2007

WARD, ANGELA
3217 LAGO VISTA DRIVE
MELBOURNE, FL 32940