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

## **FILED** Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # N9700003841  1. Entity Name PELHAM PLACE OWNERS ASSOCIATION, INC.			04-30-2008 90191	011 ****61.25
Principal Place of Business 3940 NW 30TH PLACE GAINESVILLE, FL 32606	Mailing Address 3940 NW 30TH PLACE GAINESVILLE, FL 32606		60033816	III 89III 86189 IIIO IONI BIRAN HENDI DI IORI
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04292008 Chg-NP	CR2E037 (12/06)
City & State	City & State		4. FEI Number 59-3498943	Applied For Not Applical
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New F	Registered Agent
IWAIA, MARGARET M 3950 NW 30TH PL GAINESVILLE, FL 32606			S (P.O. Box Number is Not Acceptable	FL Zip Code
8. The above named entity submits this statement to the obligations of registered agent.  SIGNATURE Many Many Many Many Many Many Many Many	M. Swata	Registered Agent signature requ	ired when reinstating)	1/29/08 DATE
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	· · ·		Make check payable to rida Department of State
10. OFFICERS AND DI  TITLE DV  NAME CHENNAULT, CYNTHIA  STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606	RECTORS  Delete	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE LUATA, MARGAM 3950 NW 3046 GAINESUILLE,	e∈⊤m ☑Change □Addit -ρL,
TITLE DP NAME IWATA, MARGARET M STREET ADDRESS 3950 NW 30TH PL CITY-ST-ZIP GAINESVILLE, FL 32606	☐ Delete		3945 NW 3000 GAINESUILLE	ER 🔽 Change □ Addi:
TITLE OST NAME PINKOSON, RAINER STREET ADDRESS 3945 NW 30TH PL GAINESVILLE, FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vieweg LaDo 3955 NW 304 GAINESVILLE,	~ PL ES Change ☐ About
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addi
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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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: