NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N98000003979 DOCUMENT

Country

9. Name and Address of Current Registered Agent

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1. Corporation Name

PLEASANT PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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P.O. BOX 771277

WINTER GARDEN FL 34777-1277

Mailing Address

P.O. BOX 771277

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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WINTER GARDEN FL 34777-1277

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90003 005 ****61.25

	3138 (1113 13 111 13912 1311 1491
3. Date Incorporated or Qualifed 07/08/1998	
4. FEI Number	Applied For
59-3528505	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be

Added to Fees

Trust Fund Contribution

10. Name and Address of New Registered Agent

MASHBURN, ERIC S 102 E. MAPLE STREET	82	Street Address (P.O. Box Number is Not Acceptable)			
WINTER GARDEN FL 34787	83				
	84	City	FL	85	Zip Code

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Country

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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		ALOTE: D			_	DATE	
40	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Re	gistered Agent signature n		CHANGES TO OF	ICERS AND DIRECTOR	RS IN 12
12.		DELETE	1.1 TITLE	, and the same of		Change	Addition
TITLE	- ا				(_
NAME	SHELNUTT, WILLIAM		1.2 NAME				
STREET ADDRESS	10304 CYPRESS COVE LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	CLERMONT FL 34711	_	1.4 CITY-ST-ZIP				Addition
TITLE	D Bever) DELETE	2.1 TTLE			Change	L Addition
NAME	ABEAVER, HARRY		2.2 NAME				
STREET ADORESS	1035 CYPRESS COVE LANE		2.3 STREET ADORESS				
CITY-ST-ZIP	CLERMONT FL 34711		2.4 CITY-ST-ZIP				
πιε	D .	DELETE	3.1 TITLE		•	Change	☐ Addition
NAME	MORGAN, ROBERT		3.2 NAME				
STREET ADDRESS	10307 CYPRESS COVE LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	CLERMONT FL 34711		3.4. CITY-ST-ZIP				•
TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				•
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME			•	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	Contract of		6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: