


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 A
Secretary of State

DOCUMENT # N98000005378 1. Entity Name PICKERT LANE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1022 MAIN STREET, SUITE C DUNEDIN, FL 34698	Mailing Address 1022 MAIN STREET, SUITE C DUNEDIN, FL 34698
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01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3573102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEAVER, JOEL R P.A. 1022 MAIN STREET, SUITE C DUNEDIN, FL 34698
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSS, HERB 1108 ROWLAND PICKERT LANE LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSARIO, JOHN J 1030 ROWLAND PICKERT LANE LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONGMIRE, JOHN 1107 ROWLAND PICKERT LANE LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John J. Rosario 1-24-05 813-843-4576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #