

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90005 036 ****61.25

DOCUMENT # N99000003614 1. Entity Name PINEWALK HOMEOWNERS' ASSOCIATION, INC. OF PASCO COUNTY			
Principal Place of Business 5510 FOXTAIL CT WESLEY CHAPEL, FL 33543		Mailing Address PO BOX 7389 WESLEY CHAPEL, FL 33543	
2. Principal Place of Business - No P.O. Box # 5602 Whitebark Dr. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7389 Suite, Apt. #, etc.	
City & State Wesley Chapel, FL.		City & State Wesley Chapel, FL.	
Zip 33543	Country	Zip 33543	Country
4. FEI Number 59-3522346		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVAC, GEORGE P 5509 FOXTAIL CT WESLEY CHAPEL, FL 33543		7. Name and Address of New Registered Agent Name Judith T. Crowley Street Address (P.O. Box Number is Not Acceptable) 5602 Whitebark Dr. City Wesley Chapel FL Zip Code 33543	
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 Judith T. Crowley <i>Judith T. Crowley</i> 5/30/08 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD GRIESEL, WILLIAM A 5510 FOXTAIL CT WESLEY CHAPEL, FL 33543 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Eric T. Russell ☐ Change ☒ Addition 5543 Whitebark Dr. Wesley Chapel, FL. 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, JUDITH 5602 PINEBARK DR. WESLEY CHAPEL, FL 33543 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Judith T. Crowley ☒ Change ☐ Addition 5602 Whitebark Dr. Wesley Chapel, FL. 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAZZARA, JOHN ☒ Delete 5536 WHITE BARK DR WESLEY CHAPEL, FL 33543	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD G. Sam Tunnell ☐ Change ☒ Addition 5608 Walkingstick La. Wesley Chapel, FL. 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARRELL, MARVIN ☒ Delete 5603 FOXTAIL CT. WESLEY CHAPEL, FL 33543	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stanley R. Doss ☐ Change ☒ Addition 5740 Wildpine Blvd. Wesley Chapel, FL. 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, JOAN E ☐ Delete 5524 FOXTAIL CT WESLEY CHAPEL, FL 33543	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Judith T. Crowley</i> 5/30/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813-994-8140 Date Daytime Phone #	

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