

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

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90081 038 \*\*\*\*70.00

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DOCUMENT # N99000006614			
1. Entity Name PEGEL POINT ESTATE MOBILE HOME HOMEOWNER ASSOCIATION, INC.		Mailing Address 327 3RD STREET DR. WEST #7 PALMETTO, FL 34221	
Principal Place of Business 327 3RD STREET DR. WEST #7 PALMETTO, FL 34221		Mailing Address 327 3RD STREET DR. WEST #7 PALMETTO, FL 34221	
2. Principal Place of Business 327 3rd St Dr West # 19		3. Mailing Address 327 3rd St Dr West # 19	
City & State Palmetto FL		City & State Palmetto FL	
Zip 34221		Zip 34221	
Country		Country	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBBLE, JOYCE A 327 3RD STREET DRIVE, WEST #7 PALMETTO, FL 34221		7. Name and Address of New Registered Agent Name: Jenny D Weber Street Address (P.O. Box Number is Not Acceptable): 327 3rd St Dr West Lot 19 City: Palmetto FL Zip Code: 34221	
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: <u>Jenny D. Weber</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Jenny D Weber</u> 01-24-05 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
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	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: HUBBLE, JOYCE STREET ADDRESS: 327 THIRD STREET DR W, #7 CITY-ST-ZIP: PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Jenny D. Weber STREET ADDRESS: 327 3rd St Dr West Lot 19 CITY-ST-ZIP: Palmetto FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: HUIZENGA, SHARON STREET ADDRESS: 327 THIRD STREET DR W, #35 CITY-ST-ZIP: PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Shirley Mesmer Baker STREET ADDRESS: 327 3rd St Dr West Lot 6 CITY-ST-ZIP: Palmetto FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PVD NAME: CUDE, MICHAEL STREET ADDRESS: 327 THIRD ST, DR W #20 CITY-ST-ZIP: PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE: PVD NAME: Don's Hallie STREET ADDRESS: 327 3rd St Dr West Lot 12 CITY-ST-ZIP: Palmetto FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: STEPHENSON, JOAN STREET ADDRESS: 327 THIRD ST. DR W #32 CITY-ST-ZIP: PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Martha Weber STREET ADDRESS: 327 3rd St Dr West Lot 19 CITY-ST-ZIP: Palmetto FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <u>Jenny D. Weber</u>		<u>Jenny D Weber</u> 01-24-05	
<small>SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	