## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006614

FILED Apr 15, 2009 Secretary of State

Entity Name: PEGEL POINT ESTATE MOBILE HOME HOMEOWNER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

327 3RD STREET DR. WEST 327 3RD STREET DR. WEST

LOT 13 LOT 33

PALMETTO, FL 34221 PALMETTO, FL 34221

Current Mailing Address: New Mailing Address:

327 3RD STREET DR. WEST 327 3RD STREET DR. WEST

LOT 13 LOT 33

PALMETTO, FL 34221 PALMETTO, FL 34221

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWHOUSE, JAMES R LOOMAN, DELWYN

327 3RD STREET DRIVE, WEST 327 3RD STREET DRIVE, WEST

LOT 13 LOT 33

PALMETTO, FL 34221 US PALMETTO, FL 34221 US

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.

SIGNATURE: DELWYN LOOMAN 04/15/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 NEWHOUSE, JAMES R
 Name:
 LOOMAN, DELWYN

 Address:
 327 3RD ST. DR. W. LOT 13
 Address:
 327 3RD ST. DR. W. LOT 33

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 PALMETTO, FL 34221

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

Name: WEBER, MARTHA Name: BEAULAC, KRIS

 Address:
 327 3RD ST. DR. W. LOT 10
 Address:
 327 3RD ST. DR. W. LOT 18

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 PALMETTO, FL 34221

Title: VP/D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HARWICK, STEVEN
 Name:

 Address:
 327 3RD ST DR WEST LOT 14
 Address:

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:

 Name:
 SANDIFUR, PAULINE
 Name:
 WILLEKE, MARTIE

 Address:
 327 3RD ST. DR. W. LOT 13
 Address:
 327 3RD ST. DR. W. LOT 37

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 PALMETTO, FL 34221

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELWYN LOOMAN PD 04/15/2009