

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006614

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

327 3RD STREET DR. WEST  
LOT 14  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

**Current Mailing Address:**

327 3RD STREET DR. WEST  
LOT 14  
PALMETTO, FL 34221 US

**New Mailing Address:**

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

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

HARWICK, STEVEN V  
327 3RD STREET DRIVE WEST  
LOT 14  
PALMETTO, FL 34221 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HARWICK, STEVEN  
Address: 327 3RD ST. DR. W. LOT 14  
City-St-Zip: PALMETTO, FL 34221 US

Title: TREA  
Name: ST. LAURENT, JOHN  
Address: 327 3RD ST. DR. W. LOT 29  
City-St-Zip: PALMETTO, FL 34221 US

Title: VP  
Name: WEBER, JERRY  
Address: 327 3RD ST DR WEST LOT 10  
City-St-Zip: PALMETTO, FL 34221 US

Title: SCTR  
Name: WILLEKE, MARTIE  
Address: 327 3RD ST. DR. W. LOT 37  
City-St-Zip: PALMETTO, FL 34221 US

I hereby 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 all other like empowered.

SIGNATURE: STEVEN V. HARWICK

PRES

02/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date