## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 708705**

FILED Feb 02, 2006 Secretary of State

Entity Name: PINE DRIVE MANOR ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1100 PINE POMPANC	DRIVE BEACH, FL 3	3060			
Current Mailing Address:			New Mailing Address:		
1100 PINE POMPANC	DRIVE BEACH, FL 3	3060			
FEI Number:	59-1147799	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BLAIR, JACK 1100 PINE DR. APT 205 POMPANO BEACH, FL 33060 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:					
SIGNATUR		Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BD ()[ KIERNAN, MICHA 1100 PINE DR., 1 POMPANO BEAC	¥106	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ()[ BLAIR, JACK 1100 PINE DR, # POMPANO BEAC		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () E KENYON, RAND 360 SE 6TH TER POMPANO BEAC	RACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()[ OSBORNE, JOSI 1100 PINE DR., # POMPANO BEAC	<b>#</b> 103	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BD ()[ BLUM, DOUGLAS 1100 PINE DR., a POMPANO BEAC	<del>‡</del> 108	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: RANDY KENYON ST 02/02/2006