


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90038 013 ****61.25

DOCUMENT # 720215			
1. Entity Name PINE ACRES CIVIC ASSOC., INC.			
Principal Place of Business 6649 BERNADEAN BLVD PUNTA GORDA, FL 33982 US		Mailing Address 6649 BERNADEAN BLVD PUNTA GORDA, FL 33982 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KALMAN, JUDITH 1821 JUDITH LANE PUNTA GORDA, FL 33982		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D HUMMEL, SANDRA 1820 POLLY COURT PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carla Bishop <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6840 Bernadean Blvd Punta Gorda, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KALMAN, JUDITH 1821 JUDITH LANE PUNTA GORDA, FL 33982 <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	S NOLEN, JEAN M 1814 BETTY LOU COURT PUNTA GORDA, FL 33982 <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	D THEM, BETTY 6617 JACK STREET PUNTA GORDA, FL 33982 <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	D PASQUALE, JOE 6627 BERNADEAN BLVD PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diana Huff <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6813 Bernadean Blvd Punta Gorda, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTOWAY, LEROY 6601 BERNADEAN BLVD PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlotte Williams <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1812 Polly Court Punta Gorda, FL 33982
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>Jean Nolen</i>		Date: <i>2-12-08</i> Daytime Phone #: <i>941-505-1814</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	