


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90057 022 ****61.25

DOCUMENT # 748558 1. Entity Name THE PINES OWNERS ASSOCIATION, INC.					
Principal Place of Business 1400 NEBRASKA AVE. FT PIERCE, FL 34950 US			Mailing Address 1400 NEBRASKA AVE. FT PIERCE, FL 34950 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	01232008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2167724				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTY, JAMES H JR 2940 SOUTH 25TH STREET FORT PIERCE, FL 34981			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P GAGNON, ANTHONY 1458 NEBRASKA AVE FORT PIERCE, FL 34950	<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	V MCCUTCHEN, PERRY 1458 NEBRASKA AVE FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Robert Burdge 1302 Nebraska Ave Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ODOM, CATHERINE 1458 LAWNWOOD CIRCLE FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Keith Harris 1440 N Lawnwood Cir Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAHN, KAREN 1458 N LAWNWOOD CIR FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Creswell 1402 Nebraska Ave Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, KEITH 1440 N LAWNWOOD CIR FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perry McCutchen 1458 Nebraska Ave Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILSON, CAROL 1920 SE REDWING CIR PORT SAINT LUCIE, FL 34952	<input checked="" 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-2808 772-466-0031 <small>Date Daytime Phone #</small>		