


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 757414 1. Entity Name PINE TERRACE IMPROVEMENT CLUB, INC.	
---	---

Principal Place of Business 1012 INMAN TERRACE WINTER HAVEN, FL 33881	Mailing Address 1012 INMAN TERRACE WINTER HAVEN, FL 33881 US
---	--

DO NOT WRITE IN THIS SPACE



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2081549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSS, PAUL
 1020 INMAN DR.
 WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE

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: Paul Coss DATE: 3-27-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRAED, BETTY 2906 LK HARTRIDGE DRIVE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSS, NANCY 1012 INMAN TERRACE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, NANCY 1012 INMAN TERRACE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEMMER, BETSEY 2900 LAKE HARTRIDGE DR., EAST WINTER HAVEN, FL 33381
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSS, PAUL 1012 INMAN TERRACE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGGEN, MELBA 1016 INMAN TERRACE WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE

U00000881655
 04/16/08-80010-008 61.25

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: Paul Coss DATE: 3/27/2008 DAYTIME PHONE #: 883-293-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR