


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003575**

1. Entity Name  
**PINE HOLLOW OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>460 PINE HOLLOW LANE          WEST PALM BEACH, FL 33413</b>	Mailing Address <b>6621 FOREST HILL BLVD          WEST PALM BEACH, FL 33413</b>
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-NP CR2E037 (10/03)

4. FCI Number <b>20-0040971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**BUDOWSKI, KATHLEEN  
 580 PINE HOLLOW LANE  
 WEST PALM BEACH, FL 33413**

**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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	D BUDOWSKI, WALTER 580 PINE HOLLOW LANE WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAYGOR, PAUL 520 PINE HOLLOW LANE WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOREMAN, VAUGHN 7351 OAKMONT DR WEST PALM BEACH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENA, MARIO 6621 FOREST HILL BLVD WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PENA, NATALIE GRACE 460 PINE HOLLOW LANE WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000003493  
 01/13/04-80059-012 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Natalie Grace Pena / Natalie Grace Pena 1/7/04 (561) 968-6263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #