


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90348 028 ****61.25

DOCUMENT # N02000002469	
1. Entity Name PINE LAKE OWNERS ASSOCIATION, INC.	

Principal Place of Business 2215 EAST SR 200 YULEE, FL 32097	Mailing Address P.O. BOX 1987 YULEE, FL 32041-1987
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44039723



2. Principal Place of Business 1633 E. Vine St. Suite, Apt. #, etc. Ste 110 City & State Mississimmee FL Zip 34744 Country USA	3. Mailing Address 1633 E. Vine St. Suite, Apt. #, etc. Ste 110 City & State Mississimmee FL Zip 34744 Country USA
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04192004 Chg-NP CR2E037 (10/03)

4. FEI Number 57-1154126	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 POWELL, TERRELL J 2215 EAST SR 200 YULEE, FL 32097

7. Name and Address of New Registered Agent Name LELAND Management Street Address (P.O. Box Number is Not Acceptable) 1633 E. Vine St. Ste 110 City Mississimmee FL Zip Code 34744

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 Bebecca Furlow Signature typed or printed name of registered agent and title if applicable.	DATE

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNS, KENNETH L JR. 9456 PHILIPS HWY, STE 1 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZAKOSKE, JOHN E 9456 PHILIPS HWY, STE 1 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOAN, JAN J 9456 PHILIPS HWY, STE 1 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTV ARROWSMITH, ROGER S 1880 EAGLE HARBOR PKWY ORANGE PARK, FL 32003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 lines empowered.	
SIGNATURE: ROGER S. ARROWSMITH Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/23/04 Daytime Phone # 904/269-4000