

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002469

FILED
Mar 24, 2006
Secretary of State

Entity Name: PINE LAKE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

FEI Number: 57-1154126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MONTANARO, JON A
Address: 2361 OLD PINE TRAIL
City-St-Zip: ORANGE PARK, FL 32003

Title: DV () Delete
Name: DAY, ELVIE
Address: 2376 OLD PINE TRAIL
City-St-Zip: ORANGE PARK, FL 32003

Title: DST () Delete
Name: WHITAKER, DONALD
Address: 2331 OLD PINE TRAIL
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOZEMAN, BEN
Address: 2302 OLD PINE TRAIL
City-St-Zip: ORANGE PARK, FL 32003

Title: VPD (X) Change () Addition
Name: DAY, LESLIE
Address: 1838 WINTER PINES COURT
City-St-Zip: ORANGE PARK, FL 32003

Title: STD (X) Change () Addition
Name: MOSLEY, GREG
Address: 2382 OLD PINE TRAIL
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN BOZEMAN

PD

03/24/2006

Electronic Signature of Signing Officer or Director

Date