

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 03, 2006  
Secretary of State**

DOCUMENT# N02000006253

Entity Name: PINECREST AT INLET BEACH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

204 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

204 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 47-0881832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLANK, E P  
204 S MONROE ST  
TALLAHASSEE, FL 32301      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: PD ( ) Delete  
Name: BLANK, F P  
Address: 204 SOUTH MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete  
Name: DUNSER, ALEX  
Address: 1101 CHANNELSIDE DR STE 264  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: COLLINS, LAWRENCE W  
Address: 2548 ROOKSWORTH COVE  
City-St-Zip: GERMANTOWN, TN 38139

Title: D ( ) Delete  
Name: LOMBARD, RICHARD  
Address: 26 CENTRAL DR  
City-St-Zip: MANHASSET, NY 11030

Title: TD ( ) Delete  
Name: SMALL, STACY  
Address: 204 SOUTH MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WALLACE, WILLIAM  
Address: 3338 THOMAS AVENUE  
City-St-Zip: MONTGOMERY, AL 36111

Title: TD (X) Change ( ) Addition  
Name: COLLINS, LAWRENCE W  
Address: 2548 ROOKSWORTH COVE  
City-St-Zip: GERMANTOWN, TN 38139

Title: SD (X) Change ( ) Addition  
Name: LOMBARD, RICHARD  
Address: 26 CENTRAL DR  
City-St-Zip: MANHASSET, NY 11030

Title: D (X) Change ( ) Addition  
Name: MOORE, MICHAEL  
Address: P. O. BOX 1669  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: F. PHILIP BLANK

PD

01/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date