


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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91023 043 \*\*\*\*61.25

**DOCUMENT # N02457**

1. Entity Name  
**PINEBROOK TOWNE HOUSE ASSOCIATION, INC.**




Principal Place of Business  
**7850 ULMERTON ROAD**  
**SUITE 1**  
**LARGO, FL 33771 US**

Mailing Address  
**7850 ULMERTON ROAD**  
**SUITE 1**  
**LARGO, FL 33771 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03252004 Chg-NP - CR2E037 (10/03)

4. FEI Number  
**59-2478096** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLIDAY ISLES ROBERT BABCOCK**  
**1850 ULMERTON ROAD SUITE 1**  
**LARGO, FL 33771**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | JAHREN, JERRY              |                                 |
| STREET ADDRESS | 17715 GULF BLVD #911       |                                 |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33708 |                                 |
| TITLE          | VPD                        | <input type="checkbox"/> Delete |
| NAME           | BANNON, KRISTEN            |                                 |
| STREET ADDRESS | 6600 - 121ST AVE N #5      |                                 |
| CITY-ST-ZIP    | LARGO, FL 33773            |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | MAJOR, ALBERT              |                                 |
| STREET ADDRESS | 6761 - 121ST AVE N #F      |                                 |
| CITY-ST-ZIP    | LARGO, FL 33773            |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | BLY, LAURIE                |                                 |
| STREET ADDRESS | 6661-121ST AVE. N. #H      |                                 |
| CITY-ST-ZIP    | LARGO, FL 33773            |                                 |
| TITLE          | STD                        | <input type="checkbox"/> Delete |
| NAME           | JONES, MARIANNE            |                                 |
| STREET ADDRESS | 6691-121 ST AVE. N. #C     |                                 |
| CITY-ST-ZIP    | LARGO, FL 33773            |                                 |
| TITLE          | PD                         | <input type="checkbox"/> Delete |
| NAME           | STEVENSON, MATT            |                                 |
| STREET ADDRESS | 6200 121ST AVENUE N #2     |                                 |
| CITY-ST-ZIP    | LARGO, FL 33773            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Watson, Kurt             |  |
| STREET ADDRESS | 6781 - 121st Ave. N. # H |  |
| CITY-ST-ZIP    | Largo, FL                |  |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          | SD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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: *Matt Stevenson* President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/21/04* Daytime Phone #: *277361282*

*Matt Stevenson - President*