


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90023 041 ****61.25

DOCUMENT # N03000001794

1. Entity Name
 PINE CASTLE SAFE COMMUNITIES, INC.



Principal Place of Business
 PINE CASTLE WOMAN'S CLUB
 5901 SOUTH ORANGE AVENUE
 ORLANDO, FL 32809 US

Mailing Address
 PINE CASTLE SAFE COMMUNITIES, INC.
 P.O. BOX 593906
 ORLANDO, FL 32859 US

40044460



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02192007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 43-2022103

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

KATS, MICHELLE
 456 BETSY ROSS TERR.
 ORLANDO, FL 32809

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, 2007

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	P	<input type="checkbox"/> Delete
NAME	KATS, MICHELLE	
STREET ADDRESS	456 BETSY ROSS TERR.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	VP1	<input type="checkbox"/> Delete
NAME	SMITH, WADE	
STREET ADDRESS	1302 FORESTER AVE.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	VP2.	<input checked="" type="checkbox"/> Delete
NAME	SCHUMAN, JUNE	
STREET ADDRESS	717 PADGETT CRT.	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MCCONNELL, JUANITA	
STREET ADDRESS	1210 PLATO AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	CADWALLADER, CARLY	
STREET ADDRESS	1318 HAWKES AVE.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	PAR	<input type="checkbox"/> Delete
NAME	TROUT, NANCY	
STREET ADDRESS	824 HAWKES AVE.	
CITY-ST-ZIP	ORLANDO, FL 32809	

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		<input 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		
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADWALLADER, CARLY	
STREET ADDRESS	1318 HAWKES AVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
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 exemptions contained 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 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: Juanita M. McConnell 2-20-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #