


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90021 031 \*\*\*\*61.25

<b>DOCUMENT # N21581</b>			
1. Entity Name <b>PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>6854 SE MORNINGSDR STUART FL 34997 US</b>		Mailing Address <b>6854 SE MORNINGSDR STUART FL 34997 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>HARRIS, OLIVER H 10 CENTRAL PKWY SUITE 240 STUART FL 34994</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BACON, EUGENE</b> <b>4492 S.E. SWEETWOOD WAY</b> <b>STUART FL 34997</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EUGENE BACON</b> <b>4492 SE SWEETWOOD WAY</b> <b>STUART, FLA 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ARANEO, DANNY</b> <b>7100 S.E. CARROTWOOD LANE</b> <b>STUART FL 34997</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BILL FLERY</b> <b>4676 SE BASSWOOD TERRACE</b> <b>STUART, FL. 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>BEAULIEU, ZITA</b> <b>4738 S.E. BALSWOOD TERRACE</b> <b>STUART FL 34997</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>REVA LACILLA</b> <b>4677 SE COPPERWOOD TERRACE</b> <b>STUART, FLA. 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZARECKI, DOROTHY</b> <b>4689 S.E. TALLOWOOD TERRACE</b> <b>STUART FL 34997</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PENNY HAEGELE</b> <b>4501 SE COTTONWOOD TERRACE</b> <b>STUART, FL. 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PIERCE, DOLORES</b> <b>7261 S.E. SWEETWOOD TERRACE</b> <b>STUART FL 34997</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAT WHITE</b> <b>4748 SE COPPERWOOD TERRACE</b> <b>STUART, FL. 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCRABA, STAN</b> <b>7121 S.E. SWEETWOOD WAY</b> <b>STUART FL 34997</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN STEPHANY</b> <b>6969 SE MORNINGSDRIVE</b> <b>STUART, FL. 34997</b> <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 like empowered.			
<b>SIGNATURE:</b> 		<b>3/8/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	