

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90109 005 \*\*\*\*61.25



**DOCUMENT # N21581**  
 1. Entity Name  
**PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**6854 SE MORNINGSID DR**      **6854 SE MORNINGSID DR**  
**STUART FL 34997**      **STUART FL 34997**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/04)  
 4. FEI Number      Applied For  
**59-2823982**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HARRIS, OLIVER H**  
**10 CENTRAL PKWY**  
**SUITE 240**  
**STUART FL 34994**

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: *Geraldine D. Mansberg, Treas.*      DATE: *3-13-05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 checked="" type="checkbox"/> Delete
NAME	BACON, EUGENE	
STREET ADDRESS	4492 S.E. SWEETWOOD WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FLERX, BILL	
STREET ADDRESS	4676 SW BASSWOOD TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	ID	<input checked="" type="checkbox"/> Delete
NAME	BEAULIEU, ZITA	
STREET ADDRESS	4738 S.E. BALSAMWOOD TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LACILLA, REVA	
STREET ADDRESS	4677 SE COPPER WOOD TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAEGELE, PENNY	
STREET ADDRESS	4501 SE COTTON WOOD TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, PAT	
STREET ADDRESS	4748 SE COPPER WOOD TERRACE	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVEY GILBERT	
STREET ADDRESS	6930 S.E. MORNINGSID DR.	
CITY-ST-ZIP	STUART, FL. 34997	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, EUGENE	
STREET ADDRESS	4492 S.E. SWEETWOOD WAY	
CITY-ST-ZIP	STUART, FL. 34997	
TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GER MANSBERG, GERALDINE	
STREET ADDRESS	6990 SE. MORNINGSID DR.	
CITY-ST-ZIP	STUART, FL. 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLERX, BILL	
STREET ADDRESS	4676 S.W. BASSWOOD TERR.	
CITY-ST-ZIP	STUART, FL. 34997	

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: *Geraldine D. Mansberg, Treas.*      DATE: *3-13-05*      DAYTIME PHONE #: *772-219-8460*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR