

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21581

FILED
Jan 20, 2012
Secretary of State

Entity Name: PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6854 SE MORNINGSIDE DR
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

6854 SE MORNINGSIDE DR
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2823982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, OLIVER H
10 CENTRAL PKWY
SUITE 240
STUART, FL 34994 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: P
Name: VICKERS, CECILE
Address: 4678 SE COPPERWOOD TERRACE
City-St-Zip: STUART, FL 34997 US

Title: VP
Name: KURBIEC, JAMES
Address: 4486 SE BASSWOOD TERRACE
City-St-Zip: STUART, FL 34997 US

Title: S
Name: TROMBLEY, DEBORAH
Address: 4511 SE COTTONWOOD TERRACE
City-St-Zip: STUART, FL 34997 US

Title: T
Name: LEWIS, JANE
Address: 4750 SE BYWOOD TERRACE
City-St-Zip: STUART, FL 34997 US

Title: D
Name: PIGGOTT, DENNIS
Address: 4758 SE BALSAMWOOD TERRACE
City-St-Zip: STUART, FL 34997 US

Title: D
Name: MCGUIRE, JAMES
Address: 4582 SE COTTONWOOD TERRACE
City-St-Zip: STUART, FL 34997 US

I hereby 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 all other like empowered.

SIGNATURE: JANE LEWIS

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01/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date