

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90160 013 ****61.25



DOCUMENT # N21581

1. Entity Name
PINLAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
6854 SE MORNINGSIDE DR
STUART FL 34997
US

Mailing Address
6854 SE MORNINGSIDE DR
STUART FL 34997
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2823982

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, OLIVER H
10 CENTRAL PKWY
SUITE 240
STUART FL 34994

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PIERCE, DOLORES	
STREET ADDRESS	7261 SE SWEETWOOD TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOURBEAU, ARMAND	
STREET ADDRESS	4725 SE BASWOOD TERR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEINZ, AGNOG	
STREET ADDRESS	7252 SE SWEETWOOD WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, ALBERT	
STREET ADDRESS	7271 SE SWEETWOOD WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DANNY ARANEO	
STREET ADDRESS	7100 SE CARROTWOOD TERR.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVE BELL	
STREET ADDRESS	4500 SE SWEETWOOD WAY	
CITY-ST-ZIP	STUART FL 34997	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, EUGENE	
STREET ADDRESS	4492 SE SWEETWOOD WAY	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANEO, DANNY	
STREET ADDRESS	7100 SE CARROTWOOD LANE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAULIEU, ZITA	
STREET ADDRESS	4738 SE BALSWOOD TERRACE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARECKI, DOROTHY	
STREET ADDRESS	4689 SE TALLOWOOD TERRACE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DOLORES	
STREET ADDRESS	7261 SE SWEETWOOD TERRACE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRABA, STAN	
STREET ADDRESS	7121 SE SWEETWOOD WAY	
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: _____ **EUGENE BACON**

FEB. 3, 2003 772-287-7873

CR2E037 (10/02)