2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State
07-06-2004 90004 049 ****61.25

DOCUMENT # N01000003122

1. Entity Name
PINES WEST HOMEOWNERS ASSOCIATION, INC.

54059901

Principal Place of Business	Mailing Address
5401 KIRKMAN RD STE 475 ORLANDO, FL 32819	5401 KIRKMAN RD STE 475 ORLANDO, FL 32819 C/O Community Mgmt. Prof.

06302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5401 Kirkman Rd.	5401 Kirkman Rd
Suite, Apt. #, etc.: STE 450	Suite, Apt. #, etc.: STE 450
City & State: Orlando FL	City & State: Orland FL
Zip: 32819 Country: US	Zip: 32819 Country: US

4. FEI Number 59-3723954 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMMUNITY MGMT PROF., INC.
5401 KIRKMAN RD STE 475
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: Community Management Prof. Inc
Street Address (P.O. Box Number is Not Acceptable): 5401 Kirkman Rd
STE 450
City: Orlando FL Zip Code: 32819

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: Dell Carpenter, President 7-01-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AVERY, DELL 2281 LEE ROAD SUITE 103 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD PIETKIEWICZ, STANLEY T 2281 LEE ROAD SUITE 103 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FULMER, JAMES KENNETH 2281 LEE ROAD SUITE 103 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Dell Avery Dell Avery 7-10-04 407-645-1965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

Date 07/02/04 Pines West Homeowners Assoc. Inc. #1550 Page 0001

V E N D O R H I S T O R Y

VENDOR: DOS001
FL DEPARTMENT OF STATE

Contact:
Phone #:
Comment:

Start Date: 02/23/03

Date	Type	Document #	Reference	Amount	Balance
02/23/03	Bill	N01000003122	2003 ANNUAL REPORT	61.25	61.25
02/28/03	Check	000042	Computer check	61.25-	0.00
03/11/04	Bill	030304	ANNUAL-CORP REPORT	61.25	61.25
06/30/04	Check	000165	Computer check	61.25-	0.00
06/30/04	Check	030304	Void	0.00	0.00

Begining Bal	Total Bills Payable	Total Bills Distr.	Current Bal.
.00	122.50	122.50	.00

-- End of report --

ck never cleared Bank