

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21581

**Entity Name:** PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6854 SE MORNINGSID DR  
STUART, FL 34997

**Current Mailing Address:**

6854 SE MORNINGSID DR  
STUART, FL 34997 US

**FEI Number:** 59-2823982

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title P  
Name TAISEY, PATRICIA  
Address 4720 SE BYWOOD TERRACE  
City-State-Zip: STUART FL 34997

Title VP  
Name BOJCZAK, STEVEN  
Address 4668 SE BALSABWOOD TERRACE  
City-State-Zip: STUART FL 34997

Title S  
Name GEORGE, DEBORAH  
Address 4511 SE COTTONWOOD TERRACE  
City-State-Zip: STUART FL 34997

Title T  
Name EDWARDS, MARTHA  
Address 4495 SE SWEETWOOD WAY  
City-State-Zip: STUART FL 34997

Title D  
Name GOTELARRE, PAT  
Address 4496 BASSWOOD TERRACE  
City-State-Zip: STUART FL 34997

Title D  
Name EDWARDS, DANIEL  
Address 4495 SE SWEETWOOD WAY  
City-State-Zip: STUART FL 34997

*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:** MARTHA EDWARDS

**TREASURER**

**03/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date