

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21581

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

**FILED**  
**Mar 15, 2015**  
**Secretary of State**  
**CC0859296960**

**Current Principal Place of Business:**

6854 SE MORNINGSDR  
STUART, FL 34997

**Current Mailing Address:**

6854 SE MORNINGSDR  
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 EDWARDS, MARTHA  
Address 4565 SE BASSWOOD TERRACE  
City-State-Zip: STUART FL 34997

Title VP  
Name REMO, LINDA  
Address 4750 SE BYWOOD 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 SHOWMAN, CATHLEEN  
Address 4596 SE BASSWOOD TERRACE  
City-State-Zip: STUART FL 34997

Title D  
Name PIGGOTT, DENNIS  
Address 4758 SE BALSABWOOD TERRACE  
City-State-Zip: STUART FL 34997

Title D  
Name WARTH, CAROLYN  
Address 4679 SE BYWOOD TERRACE  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name HOWARD, RUSSELL  
Address 6877 SE SOURWOOD DRIVE  
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: CATHLEEN SHOWMAN**

**TREASURER**

**03/15/2015**

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

\_\_\_\_\_  
Date