

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21581

Entity Name: PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.

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 VICKERS, CECILE
Address 4678 SE COPPERWOOD TERRACE
City-State-Zip: STUART FL 34997

Title VP
Name MCGUIRE, JAMES
Address 4582 SE COTTONWOOD TERRACE
City-State-Zip: STUART FL 34997

Title S
Name TROMBLEY, 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 LEVASSEUR, JANICE
Address 4658 SE BALSABWOOD TERRACE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name BACON, EUGENE
Address 4492 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: CATHLEEN SHOWMAN

TREASURER

02/04/2013

Electronic Signature of Signing Officer/Director Detail

Date