

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90362 047 \*\*\*150.00

**DOCUMENT # 598695**

1. Entity Name  
**PINECREST ON LOTELA, INC.**



Principal Place of Business  
**2250 S. LITTLE LAKE BONNET RD  
AVON PARK, FL 33825**

Mailing Address  
**2250 S LITTLE LAKE BONNET ROAD  
AVON PARK, FL 33825 US**

**50041304**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-1870437**

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

**BRUNO, FREDERICK  
1460 GOLFVIEW DR.  
AVON PARK, FL 33825**

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 (if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **BRUNO, FREDERICK**  
CITY-ST-ZIP **1460 GOLFVIEW DR.  
AVON PARK, FL 33825**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **WRIGHT, SUZANNE**  
CITY-ST-ZIP **1519 LAKE LOTELA DR.  
AVON PARK, FL 33825**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **CROW, LON W IV**  
CITY-ST-ZIP **1347 EDGEWATER POINT DR.  
SEBRING, FL 33870**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **JONES, ARTHUR**  
CITY-ST-ZIP **2323 PINWOOD BLVD.  
SEBRING, FL 33870**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HANSEN, CHARLES**  
CITY-ST-ZIP **785 E. LAKE LOTELA DR.  
AVON PARK, FL 33825**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LUTTRELL, ROBERT**  
CITY-ST-ZIP **1820 HOLLYHURST DR.  
AVON PARK, FL 33825**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Butler, Joseph**  
CITY-ST-ZIP **3818 Catalina Dr  
Sebring FL 33872**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Lamb, Don**  
CITY-ST-ZIP **1438 S Golfview Dr  
Avon Park FL 33825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

*Frederick Bruno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/05**  
Date

**863  
453-7555**  
Daytime Phone #