

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90111 039 \*\*\*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



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

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

BRUNO, FREDERICK  
1460 GOLFVIEW DR.  
AVON PARK FL 33825

7. Name and Address of New Registered Agent

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

*Frederick Bruno*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE VP ☒ Delete  
NAME BUTLER, JOSEPH  
STREET ADDRESS 3818 CATALINA DR  
CITY-ST-ZIP SEBRING FL 33872

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition  
NAME Ted Perconius  
STREET ADDRESS 905 Lake Lotela Dr  
CITY-ST-ZIP Avon Park FL 33825

TITLE Tim Devlin ☐ Change ☒ Addition  
NAME 321 Tulane Circle  
STREET ADDRESS 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 exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4/6/06 863-453-7555