


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 727743 1. Entity Name PINELOCH LAKE CONDOMINIUM APARTMENTS, INC.	
---	---

Principal Place of Business 2883 SOUTH OSCEOLA AVENUE ORLANDO, FL 32806	Mailing Address 2883 SOUTH OSCEOLA AVENUE ORLANDO, FL 32806
---	---



04302006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1730939	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CUMBEE, ALAN B 2893 S. OSCEOLA AVE. #E-5 ORLANDO, FL 32806
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUMBEE, ALAN B 2893 S OSCEOLA AVENUE, #E-5 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMOND, DAN 540 MANDALAY ROAD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MITCHELL, KIRK 1642 WINDRIFT ROAD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WIGGINS, DAVID 2883 S OSCEOLA AVENUE, #B-8 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, ROBERTS 2887 S OSCEOLA AVENUE, #D-3 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARR, DIANE 508 OLD ORCHARD LANE ORLANDO, FL 32809

000000564046
05/20/06-80043-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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: ABCL Alan Cumber Pres 4/30/06 321-278-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #