2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #727743

1. Entity Name



FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90245 039 ****61.25

PINELOC	CH LAKE CONDOMINION AN	ARTIVIENTS, INC.							
2883 SOUTH OSCEOLA AVENUE 2		Mailing Address 2883 SOUTH OSCEOLA A ORLANDO, FL 32806	2883 SOUTH OSCEOLA AVENUE						
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		. Suite, Apt. #, etc.	Suite, Apt. #, etc.		04152008 C	hg-NP	CR2E03	7 (12/06)	
City & Stat	9	· City & State	City & State		4. FEI Number 59-173093	39			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent			7. Name and Add	ress of New R	egistered A	gent	
CUMBEE,	ALAN B		Name						
	SCEOLA AVE.		Street A	\ddress (P	P.O. Box Number is	Not Acceptable)		
ORLANDO), FL 32806							<u>. </u>	
			City				FL	Zip Cod	le .
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registere	ed agent, or both, in	the State of Flo		amiliar with,	and accept
me obligat	nons of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent ar	od title if applicable. (NOTE: 8	Registered Agent signal	ture required v	when reinstating)		DATE	······································	
SIGNATURE .	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp	paign Financing		\$5.00 May Be Added to Fees	M., Flori	ake check	payable t	o tate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Flori	ake check da Depart	ment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flori	ake check da Depart	ment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flori	ake check da Depart	RECTORS IN	tate
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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 appears, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Phone #