

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90147 033 \*\*\*\*70.00

**DOCUMENT # 728222**

1. Entity Name

PONY PINES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

5991 CLYDESDALE LANE  
PORT ST. LUCIE FL 34787  
US

Mailing Address

5991 CLYDESDALE LANE  
PORT ST. LUCIE FL 34787  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0032035

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, BILLY  
5942 CLYDESDALE LANE  
PORT SAINT LUCIE FL 34987

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME FLOWERS, MARIE  
STREET ADDRESS 11755 PALOMINO DR.  
CITY-ST-ZIP PORT SAINT LUCIE FL 34987

TITLE T ☒ Delete  
NAME GERARDINO, PETE  
STREET ADDRESS 5991 CLYDESDALE LN  
CITY-ST-ZIP PORT ST LUCIE FL

TITLE P ☒ Delete  
NAME WISNIEWSKI, CHRIS  
STREET ADDRESS 5960 CLYDESDALE LANE  
CITY-ST-ZIP PORT SAINT LUCIE FL 34987

TITLE S ☒ Delete  
NAME BURNS, LAURIE  
STREET ADDRESS 5931 CLYDESDALE LANE  
CITY-ST-ZIP PORT SAINT LUCIE FL 34987

TITLE V ☐ Delete  
NAME MESINGER, JAY  
STREET ADDRESS 11855 APPALOOSA COURT  
CITY-ST-ZIP PORT SAINT LUCIE FL 34987

TITLE D ☐ Delete  
NAME HALUSKA, MARGARET  
STREET ADDRESS 5619 CLYDESDALE LANE  
CITY-ST-ZIP PORT ST LUCIE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D LAURA BURNS ☒ Change ☐ Addition  
NAME 5731 CLYDESDALE LANE  
STREET ADDRESS PORT ST LUCIE, FL 34987  
CITY-ST-ZIP

TITLE T/S DAVID M. SOTILE ☒ Change ☒ Addition  
NAME 5842 CLYDESDALE LANE  
STREET ADDRESS PORT ST LUCIE, FL 34987  
CITY-ST-ZIP

TITLE P. JOSEPH SCHREINER ☒ Change ☐ Addition  
NAME 11750 APPALOOSA COURT  
STREET ADDRESS PORT ST LUCIE, FL 34987  
CITY-ST-ZIP

TITLE D KENNETH HOFF ☒ Change ☐ Addition  
NAME 5377 MONTANA CIRCLE  
STREET ADDRESS PORT ST LUCIE, FL 34987  
CITY-ST-ZIP

TITLE V DAVID HUTCHINS ☒ Change ☐ Addition  
NAME 11755 PALOMINO DRIVE  
STREET ADDRESS PORT ST LUCIE, FL 34987  
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 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:**