



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90053 009 \*\*\*\*61.25

<b>DOCUMENT # 728222</b>					
1. Entity Name <b>PONY PINES PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 5842 <del>5894</del> CLYDESDALE LANE PORT ST. LUCIE, FL 34787 US		Mailing Address 5842 <del>5894</del> CLYDESDALE LANE PORT ST. LUCIE, FL 34787 US		40050710  	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03162007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>65-0032035</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WILSON, BILLY</b> <b>5942 CYLDES DALE LANE</b> <b>PORT SAINT LUCIE, FL 34987</b>				7. Name and Address of New Registered Agent Name <b>DAVID SOTTIL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5842 CLYDESDALE LANE</b> City <b>PORT ST. LUCIE</b> FL <b>34987</b>	
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 <u>David Sottit</u> DATE <u>3/15/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	BURNS, LAURA				
STREET ADDRESS	5731 CLYDESDALE LANE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987				
TITLE	TS	<input type="checkbox"/> Delete			
NAME	FOTKE, DAVID M				
STREET ADDRESS	5842 CYDES DALE LANE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987				
TITLE	P	<input type="checkbox"/> Delete			
NAME	SCHREINER, JOSEPH				
STREET ADDRESS	11350 APPLOOSA COURT				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HOFF, KENNETH				
STREET ADDRESS	5877 MUSTANG CIRCLE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987				
TITLE	V	<input type="checkbox"/> Delete			
NAME	HUTCHINS, DAVID				
STREET ADDRESS	11755 PALOMIND DR				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987				
TITLE	D	<input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>David Sottit</u> DATE <u>3/15/07</u> 772-489-4601 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					