


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90012 041 ****61.25

DOCUMENT # 730228					
1. Entity Name PINE VALLEY CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 101 CLUBHOUSE BLVD, NEW SMYRNA BCH, FL 32168			Mailing Address 101 CLUBHOUSE BLVD, NEW SMYRNA BCH, FL 32168		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent GILMORE, J.F. 547 BOTTLE BRUSH NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name <u>Allen K. Flagler</u> Street Address (P.O. Box Number is Not Acceptable) <u>147 Clubhouse Blvd.</u> City <u>NEW SMYRNA BEACH FL</u> Zip Code <u>32168</u>	
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>[Signature]</u> <u>President</u>				DATE: <u>3-16-06</u>	
*Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Allen Flagler, President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, JOHN		NAME	147 Clubhouse Blvd.	
STREET ADDRESS	547 BOTTLEBRUSH		STREET ADDRESS	New Smyrna Beach, FL 32168	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Stanton Harvey, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENT, FELTS		NAME	P.O. Box 222	
STREET ADDRESS	187 CLUBHOUSE BLVD		STREET ADDRESS	Laughlintown, PA. 15655	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Terry Greene, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAGLER, ALLEN		NAME	6099 Eden Place Dr.	
STREET ADDRESS	147 CLUBHOUSE BLVD		STREET ADDRESS	Cincinnati, OH. 45247-5704	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Randy Laut, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD, PATRICIA		NAME	1 Old Stagecoach Rd.	
STREET ADDRESS	125 CLUBHOUSE BLVD		STREET ADDRESS	Andover, N.J. 07821-3315	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	George Varga, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	P.O. Box 158	
STREET ADDRESS			STREET ADDRESS	Champion, PA. 15622	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all officers, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>President</u>				DATE: <u>3-16-06</u> DAYTIME PHONE #: <u>708-849-4100</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	