


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 730228</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1669287	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLAGLER, ALLEN K 147 CLUBHOUSE BLVD NEW SMYRNA BEACH, FL 32168				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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLAGLER, ALLEN	NAME			
STREET ADDRESS	147 CLUBHOUSE BLVD	STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	U00000593629 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARVEY, STANTON	NAME	01/25/07-80035-011 61.25		
STREET ADDRESS	P.O. BOX 222	STREET ADDRESS			
CITY-ST-ZIP	LAUGHLINTOWN, PA	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENE, TERRY	NAME			
STREET ADDRESS	6099 EDEN PLACE DR	STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 452475704	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAUT, RANDY	NAME			
STREET ADDRESS	1 OLD STAGECOACH ROAD	STREET ADDRESS			
CITY-ST-ZIP	ANDOVER, NJ 078213315	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VARGA, GEORGE	NAME			
STREET ADDRESS	P.O. BOX 158	STREET ADDRESS			
CITY-ST-ZIP	CHAMPION, PA 15622	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 an address, with all other like empowered.					
SIGNATURE: <i>Stanton Harvey, Secy</i>		Date: 1/19/07		Daytime Phone #: 386-427-4757	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					