


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90130 028 \*\*\*\*61.25

<b>DOCUMENT # 734234</b> 1. Entity Name <b>PINEBROOK SOUTH HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1343 FEATHER BED LANE VENICE FL 34292 US</b>			Mailing Address <b>1343 FEATHER BED LANE VENICE FL 34292 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip <b>34285</b>	Country	4. FEI Number <b>59-2009425</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LOBECK, DANIEL J ESQ</b> <b>2033 MAIN STREET</b> <b>SUITE 403</b> <b>SARASOTA FL 34293</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make Check Payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LENHART, SALLY</b> <b>1343 FEATHER BED LANE</b> <b>VENICE FL <del>34292</del></b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ROBERT F. O'CONNOR</b> <b>1226 WATERSIDE LANE</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>RAND, DEBORA B</b> <b>1343 FEATHER BED LANE</b> <b>VENICE FL <del>34292</del> 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JOSEPH GRANADOS</b> <b>1216 PAWL WAY</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MELVILLE, JOHN</b> <b>1343 FEATHER BED LANE</b> <b>VENICE FL <del>34292</del> 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>MUMMA, ESTHER</b> <b>1343 FEATHER BED LANE</b> <b>VENICE FL <del>34292</del> 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MUMMA, WARREN</b> <b>1343 FEATHER BED LANE</b> <b>VENICE FL <del>34292</del></b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARGARETH FALLON</b> <b>1351 LUCAYA AVE</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SIBLEY, GARY</b> <b>1343 FEATHER BED LANE</b> <b>VENICE FL <del>34292</del> 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>PD Robert F. O'Connor</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>ROBERT F. O'CONNOR</b> <b>02/03/04</b>		
			<b>941-480-0144</b> <small>Date Daytime Phone #</small>		