


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

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90038 014 \*\*\*\*61.25

<b>DOCUMENT # 737724</b>			
<b>1. Entity Name</b> PINE RANCH OWNERS ASSOCIATION, INC.			
<b>Principal Place of Business</b> 404 LONGBOW TRAIL OSPREY FL 34229 US		<b>Mailing Address</b> PO BOX 133 OSPREY FL 34229 US	
<b>2. Principal Place of Business</b> 50 longbow Trail		<b>3. Mailing Address</b>	
Suite, Apt. #, etc. Osprey, Fl. 34229		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34229	Country USA	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  MORGAN, JEANNE 404 LONGBOW TRAIL OSPREY FL 34229		<b>7. Name and Address of New Registered Agent</b> Name <u>Frances Diegel</u> Street Address (P.O. Box Number is Not Acceptable) <u>50 longbow Trail</u> City <u>Osprey</u> <b>FL</b> Zip Code <u>34229</u>	
<b>4. FEI Number</b> 59-2116477 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<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.</b>			
SIGNATURE <u>Frances Diegel</u> <u>Frances Diegel</u>		DATE <u>2/4/04</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PISCOTTI, MICHAEL 401 ENGLENOOK WAY OSPREY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Douglas King 201 Eaglenook Way Osprey, Fl. 34229 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHUCK, DIANE 504 LONGBOW TR OSPREY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OIETRICH, PAUL 400 ENGLENOOK TR OSPREY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jean Reagle 600 Eaglenook Way Osprey, Fl. 34229 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORGAN, JEANNE 404 LONGBOW TR OSPREY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Frances Diegel 50 longbow Trail Osprey, Fl. 34229 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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>			
<b>SIGNATURE:</b> <u>Frances Diegel</u> <u>Frances Diegel</u>		Date <u>2/4/04</u> <u>Treasurer</u> Daytime Phone # <u>941-966-3747</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

34031000



MOORE CR2E037 (11/03)