


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

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 737724</b> 1. Entity Name PINE RANCH OWNERS ASSOCIATION, INC.	
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Principal Place of Business 50 LONGBOW TRAIL OSPREY, FL 34229 US	Mailing Address PO BOX 133 OSPREY, FL 34229 US
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**DO NOT WRITE IN THIS SPACE**



01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2116477	Applied For 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  DIEGEL, FRANCES 50 LONGBOW TRAIL OSPREY, FL 34229	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KING, DOUGLAS 201 EAGLENOOK WAY OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FITZGERALD, THERESA 800 EAGLENOOK WY OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DIEGEL, FRANCES 50 LONGBOW TRAIL OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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03/28/07-80031-005 61.25

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.

<b>SIGNATURE:</b> <i>Frances Diegel</i>	Frances Diegel	3/12/07	941-966-3747
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>