

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

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

DOCUMENT # 737724

1. Entity Name
PINE RANCH OWNERS ASSOCIATION, INC.



Principal Place of Business
**50 LONGBOW TRAIL
OSPREY, FL 34229 US**

Mailing Address
**PO BOX 133
OSPREY, FL 34229 US**



01212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2116477

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIEGEL, FRANCES
50 LONGBOW TRAIL
OSPREY, FL 34229**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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**

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:

Frances Diegel

Frances Diegel

3/12/07 941-966-3747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #