


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90028 018 ****61.25

DOCUMENT # 748558	
1. Entity Name THE PINES OWNERS ASSOCIATION, INC.	

Principal Place of Business 1400 NEBRASKA AVE. FT PIERCE FL 34950 US	Mailing Address 1400 NEBRASKA AVE. FT PIERCE FL 34950 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2167724		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GORMAN, ROBERT J 1309 DELAWARE AVE FORT PIERCE FL 34950	
---	--

7. Name and Address of New Registered Agent	
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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	FOX, DON JR
STREET ADDRESS	1458 N. LAWNWOOD CIR #250
CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	VP Director <input checked="" type="checkbox"/> Delete
NAME	ASHBURN, TERRELL R
STREET ADDRESS	1302 NEBRASKA AVE #14-C
CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	ST <input type="checkbox"/> Delete
NAME	ODOM, CATHERINE M
STREET ADDRESS	1458 N. LAWNWOOD CIR #290
CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SYBERT, LOYD
STREET ADDRESS	3213 RIVER DR.
CITY-ST-ZIP	FORT PIERCE FL 34981
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DARRIS, VELMA E
STREET ADDRESS	1458 N. LAWNWOOD CIR #290
CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, JON A
STREET ADDRESS	1482 N. LAWNWOOD CIR #30C
CITY-ST-ZIP	FT PIERCE FL 34950

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Trus. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKEY, KATHERINE
STREET ADDRESS	1482 N. Lawnwood Cir # 31-D
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Downs, Stephen
STREET ADDRESS	1440 N. Lawnwood Cir #17A
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	Director - Terrell R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashburn, Terrell R.
STREET ADDRESS	1302 Nebraska Ave - #14C
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURETTE, MICHAEL
STREET ADDRESS	1402 Nebraska Ave. # 7B
CITY-ST-ZIP	Ft Pierce, FL 34950
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: 	3/30/05 (72) 466 0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #