
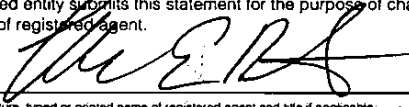
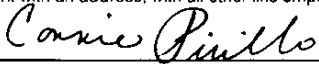


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90056 035 \*\*\*\*61.25

<b>DOCUMENT # 750598</b> 1. Entity Name <b>CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FOREST, INC.</b>					
Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044		
2. Principal Place of Business - No P.O. Box # <b>2808 MANATEE AVE. W.</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>BRADENTON FL.</b>		City & State		4. FEI Number <b>59-2111138</b>	
Zip <b>34205</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name				<b>MEB REAL ESTATE MGMT. INC.</b>	
Street Address (P.O. Box Number is Not Acceptable)				<b>2808 MANATEE AVE. WEST.</b>	
City				<b>BRADENTON FL</b>	
Zip Code				<b>34205</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.					
SIGNATURE 		<b>MARK E. BUTLER</b>		<b>3/14/07</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<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 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	<b>DVP PIRILLO, CONNIE 7602 4TH AVE. W BRADENTON, FL 34209</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT POST, CHARLIE 7615 4TH AVE. W BRADENTON, FL 34209</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TREUDE, ARVI 8013 4TH AVE. W ANNA MARIA, FL 34216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, CALVIN 7622 4TH AVE W BRADENTON, FL 34209</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MURPHY, BOB 28161 4TH AVE. W. BRADENTON, FL 34209</b>		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	
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> 			<b>3-15-2007</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			<b>(941) 756-1800</b>		

40048090



03142007 Chg-NP CR2E037 (12/06)