

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90054 006 \*\*\*\*61.25

**DOCUMENT # 750598**

1. Entity Name  
**CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY  
FOREST, INC.**



Principal Place of Business  
**2808 MANATEE AVE. W.  
BRADENTON, FL 34205**

Mailing Address  
**2808 MANATEE AVE. W.  
BRADENTON, FL 34205**

**40068271**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2111138**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEB REAL ESTATE MANAGEMENT, INC.  
2808 MANATEE AVE. W.  
BRADENTON, FL 34205**

Name **Advanced Management of SW Florida**  
Street Address (P.O. Box Number is Not Acceptable)  
**Doug Wilson**  
**9031 Town Center Pkwy**  
City **Bradenton** FL Zip Code **34202**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PIRILLO, CONNIE 7602 4TH AVE. W BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POST, CHARLIE 7615 4TH AVE. W BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STONE, J. DAVID 7910 4TH AVE. W. BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CALVIN 7622 4TH AVE W BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, BOB 28161 4TH AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karl Estebrook, Pres 7518 4th Ave W Bradenton 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gale Esposito, VP & Sec. 7517 4th Ave W Bradenton 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Boso, Dir. 7921 4th Ave W Bradenton 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Whitney Bailey, Dir 7806 4th Ave W Bradenton 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolyn Thomas, Dir 8012 4th Ave W Bradenton 34209	<input type="checkbox"/> Change <input checked="" 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Douglas Wilson Asst. Sec. 3-25-08 941-389-1134**

Date

Daytime Phone #