


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 754225			
1. Entity Name PINE MEADOWS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1890 WOLFORD RD. CLEARWATER FL 33760 US		Mailing Address 1890 WOLFORD RD. CLEARWATER FL 33760 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENRY, CATHY 1890 WOLFORD ROAD #8 CLEARWATER FL 33760		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			



1st MOORE CR2E037 (10/05)

4. FEI Number 34-8329047 Applied For Not Applicable


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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P STULL, CAROLINE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS	1890 WOLFORD RD #11		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP		
TITLE	VD STULL, CAROLINE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS	1890 WOLFORD ROAD #11		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP		
TITLE	ST HENRY, CATHY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS	1890 WOLFORD RD #8		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP		
TITLE	SD HENRY, KATHY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS	1890 WOLFORD ROAD #8		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP		
TITLE	VP LOWE, VIRGINIA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS	1890 WOLFORD RD #2		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

UDDDD0550374
05/13/06-80057-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Secretary, Treasurer **4/27/06** (707) 530-5919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #