
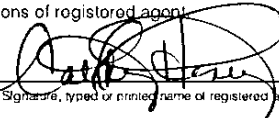


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

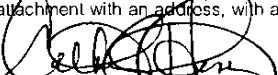
FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90382 027 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		1st MOORE CR2E037 (10/06)	
		4. FEI Number 34-8329047	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, CATHY 1890 WOLFORD ROAD #8 CLEARWATER FL 33760		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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: 		CATHY HENRY, TREASURER <small>(NOT Registered Agent signature required when re-registering)</small>	
		DATE: 4/21/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STULL, CAROLINE	NAME	Annette Henry
STREET ADDRESS	1890 WOLFORD RD #11	STREET ADDRESS	1890 Wolford Rd # 7
CITY-STATE-ZIP	CLEARWATER FL 33760	CITY-STATE-ZIP	Clearwater, FL 33760
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STULL, CAROLINE	NAME	Brenda Garrett
STREET ADDRESS	1890 WOLFORD ROAD #11	STREET ADDRESS	1890 wolford Rd #18
CITY-STATE-ZIP	CLEARWATER FL 33760	CITY-STATE-ZIP	Clearwater, FL 33760
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, CATHY	NAME	Cathy Henry
STREET ADDRESS	1890 WOLFORD RD #8	STREET ADDRESS	1890 Wolford Rd #8
CITY-STATE-ZIP	CLEARWATER FL 33760	CITY-STATE-ZIP	Clearwater, FL 33760
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	
NAME	HENRY, KATHY	NAME	
STREET ADDRESS	1890 WOLFORD ROAD #8	STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 33760	CITY-STATE-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	
NAME	LOWE, VIRGINIA	NAME	
STREET ADDRESS	1890 WOLFORD RD #2	STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 33760	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	



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:  **CATHY HENRY, TREASURER** **4/21/07** **(707) 430-9207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #