

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90063 018 ****61.25

DOCUMENT # 756258 1. Entity Name PINE BLUFF HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 110 OLD TREE LINE TR DELAND, FL 32724 US			Mailing Address 110 OLD TREE PINE TR DELAND, FL 32724 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2596422	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RANSBOTTOM, LUELLEN 991 OLD MILL RUN ORMOND BCH, FL 32174				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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	TO <input type="checkbox"/> Delete		TITLE	TO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEISHED, ANNETTE		NAME	SMITH, ANNETTE	
STREET ADDRESS	120 SILVER BOW TRAIL		STREET ADDRESS	120 SILVER BOW TR	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DELAND FL 32724	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMACHE, PETER		NAME		
STREET ADDRESS	255 SANDY BLUFF TR		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AALBREGTSE, GARY		NAME		
STREET ADDRESS	275 SHADY BRANCH TR		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CUNNINGHAM, EUGENE		NAME	KWIAKOWSKI, RICHARD	
STREET ADDRESS	260 SHADY BRANCH TR		STREET ADDRESS	240 SHADY BRANCH TR.	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DELAND FL 32724	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN HOTEN, CLARK		NAME		
STREET ADDRESS	930 SHADY BRANCH TR		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			11/5/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

822-7800
286-380