


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90100 012 ****61.25

DOCUMENT # 757414			
1. Entity Name PINE TERRACE IMPROVEMENT CLUB, INC.			
Principal Place of Business 2900 E LAKE HARTRIDGE WINTER HAVEN, FL 33881-1934		Mailing Address 2930 E LK HARTRIDGE DR WINTER HAVEN, FL 33881 US	
2. Principal Place of Business 1012 Inman Terrace Suite, Apt. #, etc.		3. Mailing Address 1012 Inman Terrace Suite, Apt. #, etc.	
City & State Winter Haven, FL Zip 33881 Country Polk		City & State Winter Haven, FL Zip 33881 Country Polk	
4. FEI Number 59-2081549		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent SHAFT, LISA 1020 INMAN DR. WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name Paul Coss Street Address (P.O. Box Number is Not Acceptable) 1012 Inman Terrace City Winter Haven FL Zip Code 33881	
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 <i>Paul Coss</i> DATE 1-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME SHAFT, LISA STREET ADDRESS 1020 INMAN DR. CITY-ST-ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE President NAME Paul Coss STREET ADDRESS 1012 Inman Terrace CITY-ST-ZIP Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SCHEMMER, GARY STREET ADDRESS 2900 LK HARTRIDGE DR EAST CITY-ST-ZIP WINTER HAVEN, FL	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Barbara Guthrie STREET ADDRESS 1018 Inman Terrace CITY-ST-ZIP Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME BARNES, CINDY STREET ADDRESS 2930 LK HARTRIDGE DR E CITY-ST-ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Theresa Tull STREET ADDRESS 1004 Inman Drive CITY-ST-ZIP Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SCHEMMER, BETSEY STREET ADDRESS 2900 LAKE HARTRIDGE DR., EAST CITY-ST-ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE Treasurer NAME Nancy Coss STREET ADDRESS 1012 Inman Terrace CITY-ST-ZIP Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ROGGIN, MELBA STREET ADDRESS 1016 INMAN TERR CITY-ST-ZIP WINTER HAVEN, FL	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Betsey Schemmer STREET ADDRESS 2900 Lake Hartridge Dr East CITY-ST-ZIP Winter Haven, FL 33881	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <i>Nancy Coss</i>		1-11-05 863-293-5263	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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