## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 757440**

FILED Jan 22, 2007 Secretary of State

Entity Name: PINE LAKES VILLAS CONDOMINIUM AT PALM COAST, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119

**Current Mailing Address: New Mailing Address:** 

1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119

FEI Number: 59-2211956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARKIN, MICHELE 1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 US

**OFFICERS AND DIRECTORS:** 

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.

SIGNATURE:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

JOHNSON, HENRY RUSSELL, RONALD Name: Name: 63 VILLAGE CIRCLE Address: 9 VILLAGE CIRCLE Address: PALM COAST, FL 32164 City-St-Zip: City-St-Zip: PALM COAST, FL 32164

Title: SD () Delete Title: (X) Change ( ) Addition SPEARS, DIANE Name: HATCH, WAYNE Name:

Address: 7 VILLAGE CIRCLE Address: 11 VILLAGE CIRCLE City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164

Title: DVP () Delete Title: TD (X) Change ( ) Addition

RUSSELL, RON ROSSI, NANCY Name: Name: Address: 9 VILLAGE CIRCLE Address: 47 VILLAGE CIRCLE City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164

Title: TD ( ) Delete Title: D (X) Change ( ) Addition

Name: HATCH, WAYNE Name: PUSKAS, PAUL Address: 11 VILLAGE CIRCLE Address: 1 VILLAGE CIRCLE City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164

Title: (X) Delete Title: () Change () Addition

ROSSI, NANCY Name: Name: 47 VILLAGE CIRCLE Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON RUSSELL PD 01/22/2007