

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757578**

1. Entity Name  
THE PINE ISLAND PROPERTY OWNERS ASSOCIATION,  
INC.



Principal Place of Business  
10709 PINE ISLAND DRIVE  
SPRING HILL, FL 34607 US

Mailing Address  
10709 PINE ISLAND DR.  
SPRING HILL, FL 34607 US



05112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2142862

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SNOW, ROBERT B.  
112 N. ORANGE AVE.  
BROOKSVILLE, FL 34601

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000764097  
05/30/07-80042-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, CAROL 10120 CABANA STREET SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANDSMAN, MURRAY 3464 CYCLONE DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL, JAMIE 766 MEADOWSIDE CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TESTRAKE, DIANE 10138 CALIANA ST., 10709 PINE ISLAND DR SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORNOWSKI, PAUL 8320 ALLEN DRIVE SPRING HILL, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAFFER, BEA 10126 CABANA STREET SPRING HILL, FL 34607

**DO NOT WRITE  
IN THIS SPACE**

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:** Diane Testrake, Treasurer Diane Testrake 5/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #