

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 AM 10:57

DOCUMENT # 759527

1. Entity Name
PINE MEADOWS COVE HOMEOWNERS ASSOCIATION,
INCORPORATED



Principal Place of Business

3065 PINE COVE PL
EUSTIS, FL 32726

Mailing Address

3065 PINE COVE PL.
EUSTIS, FL 32726 US



02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2138254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEMOOR, MAURICE A
3059 PINE COVE PLACE
EUSTIS, FL 32726

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHN, ED 3053 PINE COVE PLACE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMOOR, MAURICE A 3059 PINE COVE PL. EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ATKINS, William G. 3065 PINE COVE PL EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAIN, ROBERT A 3046 PINE COVE PL EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/05--01052--010 **61.25

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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: William G. Atkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8, 2005

Date

Daytime Phone #