2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 759527

1. Entity Name

PINE MEADOWS COVE HOMEOWNERS ASSOCIATION, INCORPORATED

FILED Jan 26, 2006 8:00 am **Secretary of State**

01-26-2006 90027 044 ****61.25

Principal Place of Business Mailing Address 3065 PINE COVE PL. EUSTIS FL 32726 3065 PINE COVE PL **EUSTIS FL 32726** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2138254 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROLAND WHITE PRESIDENT DEMOOR, MAURICE A Street Address (P.O. Box Number is Not Acceptable) 3059 PINÉ COVE PLACE EUSTIS FL 32726 City Zip Code **32フ**26 EUSTIS . 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change ☐ Addition VAUGHN, ED NAME SAME 3053 PINE COVE PLACE STREET ADDRESS EUSTIS FL 32726 CITY-ST-7IP TITLE

10. TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE 6 D Delete Change ☐ Addition DEMOOR, MAURICE A NAME NAME ROLAND WHITE STREET ADDRESS 3059 PINE COVE PL. STREET ADDRESS 3026 PINE COUR PLACE CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ATKINS, WILLIAM G NAME NAME 5AME STREET ADDRESS 3065 PINE COVE PL STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME BAIN, ROBERT A VALERIE KNIFFIN STREET ADDRESS 3046 PINE COVE PL STREET ADDRESS 3020 PINE COVE PLACE CITY-ST-ZIP EUSTIS , FL CITY-ST-ZIP EUSTIS FL 32726 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Atkins 1/19/06 SIGNATURE: William G ATKINS 1-352-357-9767