

2012 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

2012

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DERUNTZ, DONNA
3046 PINE COVE PLACE
EUSTIS - FL 32726

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

Due By

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
RD
DERUNTZ, DONNA
STREET ADDRESS
3046 PINE COVE PLACE
CITY- ST- ZIP
EUSTIS, FL 32726

TITLE NAME ☐ Delete
YD
KNIFFIN, VALERIE A.
STREET ADDRESS
3020 PINE COVE PLACE
CITY- ST- ZIP
EUSTIS, FL 32726

TITLE NAME ☐ Delete
SD
VAUGHN, ED
STREET ADDRESS
3053 PINE COVE PLACE
CITY- ST- ZIP
EUSTIS, FL 32726

TITLE NAME ☐ Delete
TD
ATKINS, William G.
STREET ADDRESS
3065 PINE COVE PLACE
CITY- ST- ZIP
EUSTIS, FL 32726

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
900220173979
02/01/12--01022--005 **61.25

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
FEB 1 2012
S. TONER

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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.

SIGNATURE: William G. ATKINS William G. Atkins 1/21/2012 352-357-9767

2012 FEB -1 PM 2:03

SECRETARY OF STATE
TALEAHASSEE, FLORIDA



1st MOORE

CR2E097 (10/06)

4. FEI Number

59-2138254

Applied For

Not Applicable

5. Certificate of Status Desired: ☐

\$8.75 Additional
Fee Required