

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL-REPORT**

**FILED**

**Mar 28, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 760875</b>	
1. Entity Name PINELAKE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 2200 TREEHAVEN CIR FT MYERS, FL 33907	Mailing Address 2200 TREEHAVEN CIR FT MYERS, FL 33907



03122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2203836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  URBANCIC, JEAN 2200 TREEHAVEN CIR FORT MYERS, FL 33907	<b>DO NOT WRITE IN THIS SPACE</b>
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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

000000279531  
03/28/05-80070-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IMBODY, DENNIS 2175 TREEHAVEN CIR FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHBURN, TODD 2207 TREEHAVEN CIRCLE FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREISS, CALVIN 2187 TREEHAVEN CIR FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T URBANCIC, JEAN 2200 TREEHAVEN CIR. FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, RON 2184 TREEHAVEN CIR FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERER, TERRY 2177 TRAILWINDS DR FORT MYERS, FL 33907

**DO NOT WRITE  
IN THIS SPACE**

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:** *Jean Urbancic* *Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-28-05*  
Date

Daytime Phone #

*JEAN URBANCIC*