2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 760875

1. Entity Name
PINELAKE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2200 TREEHAVEN CIR FT MYERS, FL 33907	2200 TREEHAVEN CIR FT MYERS, FL 33907

01222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2203836
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

URBANCIC, JEAN
2200 TREEHAVEN CIR
FORT MYERS, FL 33907

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

U00000427880
02/21/06-80026-001 61.25

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: Jean Urbancic 2-6-06 239-936-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #