


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90034 026 \*\*\*\*61.25

<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		
2. Principal Place of Business - No P.O. Box # 2176 TREEHAVEN CIR S.		3. Mailing Address 2176 TREEHAVEN CIR S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FT MYERS		City & State FL		4. FEI Number 59-2203836	
Zip 33907		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  URBANCIC, JEAN 2200 TREEHAVEN CIR FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2176 TREEHAVEN CIR S. City FL Zip Code 33907		
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 <u>Jean Urbancic</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/12/07	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IMBODY, DENNIS <input type="checkbox"/> Delete 2175 TREEHAVEN CIR FORT MYERS, FL 33907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHBURN, TODD <input type="checkbox"/> Delete 2207 TREEHAVEN CIRCLE FT MYERS, FL 33907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREISS, CALVIN <input type="checkbox"/> Delete 2187 TREEHAVEN CIR FORT MYERS, FL 33907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T URBANCIC, JEAN <input type="checkbox"/> Delete 2200 TREEHAVEN CIR. FORT MYERS, FL 33907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, RON <input type="checkbox"/> Delete 2184 TREEHAVEN CIR FORT MYERS, FL 33907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERER, TERRY <input type="checkbox"/> Delete 2177 TRAILWINDS DR FORT MYERS, FL 33907				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PHYLLIS SCHERER 2177 TRAILWINDS DR FT MYERS FL 33907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Jean Urbancic</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3/12/07	
Daytime Phone #					