


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90072 042 ****61.25

DOCUMENT # 760875 1. Entity Name PINELAKE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2176 TREEHAVEN CIR S FT MYERS, FL 33907			Mailing Address 2176 TREEHAVEN CIR S FT MYERS, FL 33907		
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	4. FEI Number 59-2203836	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent URBANCIC, JEAN 2176 TREEHAVEN CIR S FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
Filing Fee is \$61.25 Due by May 1, 2008		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IMBODY, DENNIS 2175 TREEHAVEN CIR FORT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. GARY EWEN 5544 NEW PINE LAKE DR FT 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	VP DENNIS IMBODY 2175 TREEHAVEN CIRS. 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	S. CAROL LEDUC 5568 NEW PINE LAKE DR FT 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	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, RON 2184 TREEHAVEN CIR FORT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERER, TERRY 2177 TRAILWINDS DR FORT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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>		2-21-08		231-936-1433	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	