

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90016 027 ****61.25

DOCUMENT # 760980 1. Entity Name PINE GROVE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 7165 ALMENDRO TERRACE FORT MYERS, FL 33907 US	Mailing Address C/O BENSON'S, INC. 12650 WHITEHALL DRIVE FORT MYERS, FL 33907
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01252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

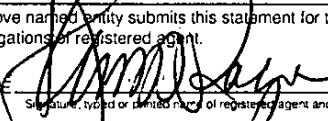
4. FEI Number 59-2157361	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BENSON, MARK R RAGER, KENNETH D
12650 WHITEHALL DRIVE CAPITAL PROPERTIES GROUP
FORT MYERS, FL 33907 3364 CLEVELAND AVE
FORT MYERS, FL 33901

**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  KENNETH D. RAGER 2/24/06
(NOTE: Registered Agent signature required when reinstating) DATE

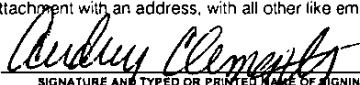
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KONRAD, JOHN GRIMM, RICKI 7160-10 CRYSTAL DR 7165-4 ALMENDRO TERRACE FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPTAR, RICHARD 7121-10 PENNER LN FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, JOAN 7130-21 KOLA TERRACE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEMENTS, AUDREY 7195-4 LYLE TERRACE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOUGH, STEPHANIE 7164-1 ALMENDRO TERRACE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  02/23/06 Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone