2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90016 027 ****61.25

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1. Entity Name
PINE GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7165 ALMENDRO TERRACE FORT MYERS, FL 33907 US	C/O BENSON'S, INC. 12650 WHITEHALL DRIVE FORT MYERS, FL 33907

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01252006 No Chg-NP CR2E037 (11/05)

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

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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 _____ KENNETH D. RAGER 2/24/06
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	~~KONRAD, JOHN~~ GRIMM, RICKI
STREET ADDRESS	~~7160-19 CRYSTAL DR~~ 7165-4 ALMENDRO TERRACE
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	PD
NAME	HOPTAR, RICHARD
STREET ADDRESS	7121-10 PENNER LN
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	D
NAME	TODD, JOAN
STREET ADDRESS	7130-21 KOLA TERRACE
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	SD
NAME	CLEMENTS, AUDREY
STREET ADDRESS	7195-4 LYLE TERRACE
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	TD
NAME	HOUGH, STEPHANIE
STREET ADDRESS	7164-1 ALMENDRO TERRACE
CITY-ST-ZIP	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: Audrey Clements 02/23/06 Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone