## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State 02-20-2007 90040 045 \*\*\*\*61.25 **DOCUMENT #760980** PINE GROVE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40020930 7165 ALMENDRO TERRACE C/O BENSON'S, INC. FORT MYERS, FL 33907 12650 WHITEHALL DRIVE FORT MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # Mailing Address PROPERTIES Suite, Apt. #, etc. 02152007 Chg-NP CLEVE CAN D CR2E037 (12/06) City & State Applied For 59-2157361 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAGER, KENNETH D CAPITAL PROPERTIES GROUP Street Address (P.O. Box Number is Not Acceptable) 3364 CLEVELAND AVE FORT MYERS, FL 33901 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SECRETALLY TITLE Delete TITLE Change : ☐ Addition NAME GRIMM, RICKI NAME STREET ADDRESS 7165-4 ALMEDRO TERR STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33907 CITY+ST-78P THEASULE R BERNDT, WILLIAM 7133-40 PENNER LANE PD TITLE 🗖 Delete TITLE Change **Addition** HOPTAR, RICHARD NAME STREET ADDRESS 7121-10 PENNER I N STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33907 CITY-ST-ZIP PT. MYERS, PL 33900 D ☐ Delete TITLE Change ☐ Addition NAOL DOOT NAME NAME STREET ADDRESS 7130-21 KOLA TERRACE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP Delete SD TITLE TITLE Change ☐ Addition CLEMENTS, AUDREY NAME NAME

12. Thereby certify that the information supplied with this filling 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, wit

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

7195-4 LYLE TERRACE

HOUGH, STEPHANIE

FORT MYERS, FL 33907

FORT MYERS, FL 33907

7164-1 ALMENDRO TERRACE

STEPHANIE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

PRESIDENT

VICE- PRESIDENT BLACKBURN, DON 1164-2 LYLE TERRACE

FT. MYERS, FC. 33907

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

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Addition

Addition

FILED Feb 20, 2007 8:00 am