2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State
07-06-2007 90001 028 ****61.25

DOCUMENT # 761206

1. Entity Name
PINE CREST SOUTH ASSOCIATION, INC.

66020816

Principal Place of Business	Mailing Address
142 S.W. CRESCENT ST LAKE CITY, FL 32025 US	142 S.W. CRESCENT ST LAKE CITY, FL 32025 US

07042007 Chg-NP CR2E037 (12/06)

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 59-2315137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, MARGARET P 142 SW CRESCENT ST LAKE CITY, FL 32025	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 the obligations of registered agent.

SIGNATURE _____
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 September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP HARRIS, ~~CLYDE~~ Clyde 146 SW CRESCENT ST LAKE CITY, FL 32025	☐ Delete	TITLE D/S NAME Betty Proveaux STREET ADDRESS 156 SW Crescent St. CITY-ST-ZIP Lake City, FL 32025	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALLEN, MICHAEL 1565 W CRESCENT ST LAKE CITY, FL 32025	☒ Delete	TITLE D NAME Ricardo E. Rodriguez-Cabo STREET ADDRESS 164 SW Crescent St. CITY-ST-ZIP Lake City, FL 32025	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLLINS, MARGARET P 142 SW CRESCENT ST LAKE CITY, FL 320255850	☐ Delete	TITLE D NAME Joseph B. Jenkins STREET ADDRESS 196 SW. Crescent St. CITY-ST-ZIP Lake City, FL 32025	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'NEAL, GREG 1068 S. MARION AVE LAKE CITY, FL 32025	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REAL, HELEN 188 SW CRESCENT ST LAKE CITY, FL 32025	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Betty Proveaux 156 SW Crescent St Lake City FL 32025	☐ Delete Add ✓	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: Margaret P. Collins 8/3/07 386/752-4945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #