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

## FILED Feb 06, 2006 8:00 am **Secretary of State**

02-06-2006 90080 018 \*\*\*\*61.25

DOCUMENT # 762484	
Entity Name PINE ISLAND LAKES TOWNHOMES ASSOCIATION, INC.	
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1. P Principal Place of Business Mailing Address 20005755 %GABLES PROPERTY MGMT %GABLES PROPERTY MGMT 3300 CORPORATE AVE #110 3300 CORPORATE AVE #110 WESTON, FL 33331 WESTON, FL 33331 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2239825 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROCTON, LLOYD W 400 SE 18 STREET Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33316-2820 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 the obligations of registered agent. SIGNATURE Signature, typed on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9, Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HILL LAURA NAME NAME 4256 S PINE ISLAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITI F ☐ Addition FOLINO, VINCENT NAME STREET ADDRESS 4186 S PINE ISLAND RD STREET ADDRESS **DAVIE, FL 33328** CITY-ST-ZIP CITY-ST-ZIP DŞ ☐ Defete ☐ Change ☐ Addition TITLE FIERING, HARRIET NAME NAME 4155 S PINE ISLAND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE, FL 33328** Change ☐ Addition TITLE ☐ Delete TITLE MCKEE, WILLIAM NAME NAME STREET ADDRESS 4225 S PINE ISLAND RD STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP ☐ Delete TETLE ☐ Change ■ Addition TITLE LABAZIO, LARRY NAME 4191 S PINE ISLAND RD STREET ADDRESS STREET ADDRESS **DAVIE, FL 33328** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _			
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #