2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 14, 2007 8:00 am Secretary of State

DOCUMENT # 762484 1. Entity Name PINE ISLAND LAKES TOWNHOMES ASSOCIATION, INC.					02-14-200	7 90044 030 ***	*61.25	
%GABLES PROPERTY MGMT %GA 3300 CORPORATE AVE #TTO 3300			GABLES PROPERTY MGMT 300 Corporate AVE #110		16445 Walio walio walio	1(#)		
1495 NPARKOR.		3. Mailing Address 1 4 9 1 Suite, Apt. #, etc.	1495 NYARK DR		7 Chg-NP	CR2E037 (12/0		
City & Stat	9	City & State		4. FEI Nur 59-22	nber 2 3982 5	<u> </u>	Applied For	
Zip 3	3324 Country	Zip 33326	Country	5. Certifica	ate of Status Desired	□ \$8.75 Fee Re	Additional	
	6. Name and Address of Current I	Registered Agent		7. Name a	nd Address of Nev	v Registered Agent		
PROCTON, LLOYD W 400 SE 18 STREET FORT LAUDERDALE, FL 33316-2820				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip	Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered 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 a	ind litte if applicable. (NOTE: Rec	gistered Agent signate	ure required when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	nd เมื่อ สี applicable. (NOTE: Rec 9. Election Campa Trust Fund Cont	ign Financing	\$5.00 Ma	y Be es FI	DATE Make check payaborida Department o		
SIGNATURE	Filing Fee is \$61.25	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 Ma		Make check payat	of State	
•	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cont	ign Financing tribution,	\$5.00 Ma	CHANGES TO OFFI	Make check payablorida Department of CERS AND DIRECTOR	of State	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR DT HILL, LAURA 4256 S PINE ISLAND RD	9. Election Campa Trust Fund Cont	ign Financing tribution. 11. TITLE NAME STREET ADDRESS	S5.00 Ma Added to Fe	CHANGES TO OFFI	Make check payablorida Department of CERS AND DIRECTOR	of State IS IN 10 Inge	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR DT HILL, LAURA 4256 S PINE ISLAND RD DAVIE, FL 33328 VP FOLINO, VINCENT 4186 S PINE ISLAND RD	9. Election Campa Trust Fund Cont ECTORS	ign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S5.00 Ma Added to Fe	CHANGES TO OFFI	Make check payablorida Department of CERS AND DIRECTOR (Cha	of State IS IN 10 Inge	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR DT HILL, LAURA 4256 S PINE ISLAND RD DAVIE, FL 33328 VP FOLINO, VINCENT 4186 S PINE ISLAND RD DAVIE, FL 33328 DS FIERING, HARRIET 4155 S PINE ISLAND ROAD	9. Election Campa Trust Fund Cont ECTORS Delete	ign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIR TITLE NAME STREET ADDRESS	S5.00 Ma Added to Fe	CHANGES TO OFFIN DINO DI NOVIN PI 3335 DIVINO PHODOXIA FI 333	Make check payablorida Department of CERS AND DIRECTOR IN Character of Character o	of State IS IN 10 Inge Addition Inge Addition Inge Addition Inge Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR DT HILL, LAURA 4256 S PINE ISLAND RD DAVIE, FL 33328 VP FOLINO, VINCENT 4186 S PINE ISLAND RD DAVIE, FL 33328 DS FIERING, HARRIET 4155 S PINE ISLAND ROAD DAVIE, FL 33328 D MCKEE, WILLIAM 4225 S PINE ISLAND RD	9. Election Campa Trust Fund Cont ECTORS Delete Delete	ign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIR TITLE NAME STREET ADDRESS CITY-ST-ZIR TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S5.00 Ma Added to Fe	CHANGES TO OFFIN DINO DI NOVIN PI 3335 DIVINO PHODOXIA FI 333	Make check payablorida Department of CERS AND DIRECTOR Of Cha	of State IS IN 10 Inge Addition Inge Addition Inge Addition Inge Addition	

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 true ampowered. SIGNATURE: SIGNATURE AND TYPED OF PRINTED

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