


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90039 047 ****61.25

DOCUMENT # 767868 1. Entity Name PINE ISLAND VILLAGE, UNIT I & UNIT II, HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business TURTLE TRAIL LANE ST JAMES CITY, FL 33956 US			Mailing Address P O BOX 311 ST JAMES CITY, FL 33956 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAFFERTY, F. W. 4424 LAKE HEATHER CIRCLE ST JAMES CITY, FL 33956				Name PAMELA DANKENBRING Street Address (P.O. Box Number is Not Acceptable) 4531 Pine Village Court City St. James City FL Zip Code 33956	
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. <i>Pamela Dankenbring</i> SIGNATURE PAMELA DANKENBRING - TREASURER DATE 2/8/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P GREEN, JANET 4515 LAKE HEATHER CIRCLE SAINT JAMES CITY, FL 33956	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALVATORE, R L 4512 LAKE HEATHER CIR ST. JAMES CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANGELIER, G 4459 LAKE HEATHER CIR ST. JAMES CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, T. 4463 LAKE HEATHER CR. SAINT JAMES CITY, FL 33956	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, E. 4520 LAKE HEATHER CR. SAINT JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANKENBURG, PAMELA 4531 PINE VILLAGE CT. PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANKENBRING, Pamela 4531 Pine Village Ct. St. James City, FL 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Pamela Dankenbring</i> PAMELA DANKENBRING DATE 2/8/05 DAYTIME PHONE # 239-282-9158 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					