


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90025 021 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		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 DANKENBRING, PAMELA 4531 PINE VILLAGE CT ST JAMES CITY, FL 33956					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <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 September 6, 2006		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, JANET <input checked="" type="checkbox"/> Delete 4515 LAKE HEATHER CIRCLE SAINT JAMES CITY, FL 33956		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kent Dankenbring <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4531 Pine Village Court Saint James City, FL 33956	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALVATORE, R L <input checked="" type="checkbox"/> Delete 4512 LAKE HEATHER CIR ST. JAMES CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANGELIER, G <input checked="" type="checkbox"/> Delete 4459 LAKE HEATHER CIR ST. JAMES CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Deborah Iannucci <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4403 Pine Village Ct. Saint James City, FL 33956	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, T. <input checked="" type="checkbox"/> Delete 4463 LAKE HEATHER CR. SAINT JAMES CITY, FL 33956		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed Howard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4460 Lake Heather Circle Saint James City, FL 33956	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANKENBRING, PAMELA <input type="checkbox"/> Delete 4531 PINE VILLAGE CT. SAINT JAMES CITY, FL 33956		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dixie McCormack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4419 Lake Heather Circle Saint James City, FL 33956	
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: <i>Pamela A. Dankenbring</i> <i>Pamela A. Dankenbring</i> 7/11/06 239-282-9158 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					