

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90049 019 \*\*\*150.00



**DOCUMENT # G91332**  
 1. Entity Name  
**PINELAKE VILLAGE HOMEOWNERS' ASSOCIATION OF MARTIN COUNTY, INC.**

Principal Place of Business Mailing Address  
**2101 NE SAVANNAH RD** **PO BOX 52**  
**JENSEN BEACH FL 34957** **JENSEN BEACH FL 34958**  
**US** **US**

**50012533**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number **59-2349490** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRAHAM, JOSEPH**  
**517 SAPPHIRE WAY**  
**JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent  
 Name **Joseph Macfadden**  
 Street Address (P.O. Box Number is Not Acceptable) **265 Cameo Way**  
 City **Jensen Beach** **FL** Zip Code **34957**

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 **Joseph Macfadden TREASURER** *Joseph Macfadden* **1/31/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEACH, HELEN</b> <input checked="" type="checkbox"/> Delete <b>470 NE ONYX WAY</b> <b>JENSEN BEACH FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HELMSTADT, RON</b> <input checked="" type="checkbox"/> Delete <b>226 FORREST CT</b> <b>JENSEN BEACH FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>MCFADDEN, JOSEPH L.</b> <b>265 CAMEN WAY</b> <b>JENSEN BEACH FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>MCCANN, JOSEPHINE</b> <b>400 JADA CIRCLE</b> <b>JENSEN BEACH FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>GARDNER, JANE</b> <b>79 S. WARNER</b> <b>JENSEN BEACH FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WALDRON, MALINDA</b> <b>1 N WARMAN DR Warner Dr.</b> <b>JENSEN BEACH FL 34957</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Georgia King</b> <b>252 Woods Way</b> <b>Jensen Beach, Fl. 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>McCann, Josephine</b> <b>400 Jade Circle</b> <b>Jensen Beach, Fl. 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MACFADDEN (spelling)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bryant, Jerry</b> <b>460 Onyx Way</b> <b>Jensen Beach Fl. 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>McAnallen, Ellen</b> <b>323 Opal Dr.</b> <b>Jensen Beach, Fl. 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Cappelletti, Don</b> <b>317 Topaz Terr.</b> <b>Jensen Beach Fl. 34957</b>

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 607, 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: **Joseph Macfadden** *Joseph Macfadden* **1/31/05** **972-225-2263**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #