


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90011 041 \*\*\*158.75

<b>DOCUMENT # G91332</b> 1. Entity Name <b>PINELAKE VILLAGE HOMEOWNERS' ASSOCIATION OF MARTIN COUNTY, INC.</b>	
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Principal Place of Business <b>2101 NE SAVANNAH RD JENSEN BEACH, FL 34957 US</b>	Mailing Address <b>PO BOX 52 JENSEN BEACH, FL 34958 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01312007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2349490</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MACFADDEN, JOSEPH  
265 CAMEO WAY  
JENSEN BEACH, FL 34957**

**7. Name and Address of New Registered Agent**

Name **LYNNE SARNICOLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**378 NE JADE CIRCLE**  
 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: *Lynne Sarnicola* DATE: **FEB 16, 2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCANHLLEN, ELLEN</b> <b>323 NE OPAL DR</b> <b>JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GANNON, JOHN</b> <b>315 NE MOONSTONE</b> <b>JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MACFADDEN, JOSEPH L</b> <b>265 CAMEN WAY</b> <b>JENSEN BEACH, FL 34957</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SARNICOLA, LYNNE</b> <b>378 NE JADE CIRCLE</b> <b>JENSEN BEACH FL 34957</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MCCANN, JOSEPHINE</b> <b>400 JADE CIR</b> <b>JENSEN BEACH, FL 34957</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>L'ECUYER, RON</b> <b>295 MOONSTONE DR</b> <b>JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMBOSE, RICHARD</b> <b>296 NE OPAL DR</b> <b>JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WELLS, ARLONA</b> <b>321 NE OPAL DR</b> <b>JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Ellen M. McAnallen* DATE: **Feb 19, 2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT 40022784

PINELAKE VILLAGE JENSEN BCH FLORIDA

~~#~~ 691332

ADDITIONAL OFFICERS/DIRECTORS 2007

SECRETARY

Oten, Peter  
77 S. WARNER DR  
JENSEN BCH. FL 34957

DIRECTOR

GARDNER, FRED  
79 S. WARNER DR  
JENSEN BCH. FL 34957

DIRECTOR

KING, GEORGIA  
252 WOODS WAY  
JENSEN BCH. FL 34957