

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90049 009 ***158.75



DOCUMENT # G91332				1. Entity Name PINELAKE VILLAGE HOMEOWNERS' ASSOCIATION OF MARTIN COUNTY, INC.	
Principal Place of Business		Mailing Address			
2101 NE SAVANNAH RD JENSEN BEACH, FL 34957 US		PO BOX 52 JENSEN BEACH, FL 34958 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2349490	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03122008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SARNICOLA, LYNNE 378 NE JADE CIRCLE JENSEN BEACH, FL 34957			Name LAURETTA D. HACKETT Street Address (P.O. Box Number is Not Acceptable) 30 N.E. VILLAGE LANE JENSEN BEACH, FL 34957 City FL Zip Code		
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 <i>Lauretta D. Hackett</i>		SIGNATURE LAURETTA D. HACKETT		DATE 4/3/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCANHLLEN, ELLEN		NAME	PETER OTEN	
STREET ADDRESS	323 NE OPAL DR		STREET ADDRESS	177 S. WARNER DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANNON, JOHN		NAME	TOM ROBERTS	
STREET ADDRESS	315 NE MOONSTONE		STREET ADDRESS	186 EMERALD DR.	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARNICOLA, LYNNE		NAME	LAURETTA HACKETT	
STREET ADDRESS	378 NE JADE CIRCLE		STREET ADDRESS	30 N.E. VILLAGE LN.	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LECUYER, RON		NAME	FRED GARDNER	
STREET ADDRESS	295 MOONSTONE DR		STREET ADDRESS	179 S. WARNER DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMBOSE, RICHARD		NAME	ANNETTE CARROLL	
STREET ADDRESS	296 NE OPAL DR		STREET ADDRESS	156 SHARON LN.	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	S D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, ARLONA		NAME	PAUL HUNT	
STREET ADDRESS	321 NE OPAL DR		STREET ADDRESS	180 EMERALD DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
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: <i>Lauretta D. Hackett</i>		SIGNATURE: LAURETTA D. HACKETT		DATE: 4/3/08	
Signature and typed or printed name of signing officer or director				Daytime Phone #: 781-264-4934	