

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 PO BOX 52
 JENSEN BEACH, FL 34957 US 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

03122008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 59-2349490 Not Applicable

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

6. Name and Address of Current Registered Agent
 SARNICOLA, LYNNE
 378 NE JADE CIRCLE
 JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent
 Name LAURETTA D. HACKETT
 Street Address (P.O. Box Number is Not Acceptable) 30 N.E. Village Lane
JENSEN Beach, FL 34957
 City JENSEN BEACH State 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 Lauretta D. Hackett LAURETTA D. HACKETT 4/3/08
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, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCANHLLEN, ELLEN	
STREET ADDRESS	323 NE OPAL DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANNON, JOHN	
STREET ADDRESS	315 NE MOONSTONE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SARNICOLA, LYNNE	
STREET ADDRESS	378 NE JADE CIRCLE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LECUYER, RON	
STREET ADDRESS	295 MOONSTONE DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMBOSE, RICHARD	
STREET ADDRESS	296 NE OPAL DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	<u>SD</u>	<input type="checkbox"/> Delete
NAME	WELLS, ARLONA	
STREET ADDRESS	321 NE OPAL DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>PETER OTEN</u>	
STREET ADDRESS	<u>177 S. WARNER DR</u>	
CITY-ST-ZIP	<u>JENSEN BEACH, FL 34957</u>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>TOM ROBERTS</u>	
STREET ADDRESS	<u>186 EMERALD DR.</u>	
CITY-ST-ZIP	<u>JENSEN BEACH, FL 34957</u>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>LAURETTA HACKETT</u>	
STREET ADDRESS	<u>30 N.E. Village Ln.</u>	
CITY-ST-ZIP	<u>JENSEN BEACH, FL 34957</u>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>FRED GARDNER</u>	
STREET ADDRESS	<u>179 S. WARNER DR</u>	
CITY-ST-ZIP	<u>JENSEN BEACH, FL 34957</u>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>ANNETTE CARROLL</u>	
STREET ADDRESS	<u>156 Sharon Ln.</u>	
CITY-ST-ZIP	<u>JENSEN BEACH, FL 34957</u>	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Paul HUNT</u>	
STREET ADDRESS	<u>180 Emerald DR</u>	
CITY-ST-ZIP	<u>JENSEN BEACH, FL 34957</u>	

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: Lauretta D. Hackett LAURETTA D. HACKETT 4/3/08 781-264-4934 772-334-3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #