2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Mary C Comb MARY C COMBS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # H47296 1. Entity Name 04-12-2004 90253 023 ***158.75 PINE SHORES HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 6450 S. TAMIAMI TR. 631 PINE SHORES SARASOTA FL 34231 C/O MARY COMBS 631 PINE SHORES DR SARASOTA FL 34231 01000040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2652332 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMBS, MARY MS Street Address (P.O. Box Number is Not Acceptable) 631 PINE SHORES DR SARASOTA FL 34231 City Zip Code FL 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 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111 11. TITLE Change Detete TITLE ☐ Addition Ρ. NAME VONGEHR, CONRAD NAME MC MAHAN, MARTIN C. STREET ADDRESS #818 PINE SHORES STREET ADDRESS # 112 PINESHORES DR. CITY-ST-7IP SARASOTA FL 34231 CITY-ST-ZIP SARASOTA, FL.34231 TITLE X Delete TITLE VP. Change ☐ Addition JACOBSON, ROBERT NAME NAME von GEHR, CONRAD, B. STREET ADDRESS 923 PINE SHORES STREET ADDRESS 818 PINESSHORESDDR. CITY-ST-7IE SARASOTA FL 34231 CITY-ST-ZIP SARASOTA, FL. 34231 TITLE DT ☐ Delete Change TITLE ■ Addition NAME COMBS"MARY" NAME STREET ADDRESS 631 PINE SHORES DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-7IP DS TITLE TITLE Change **Delete** ☐ Addition DS. WALKER, ROSLIE NAME SIDILOU, JEAN 924 PINE SHORES DR STREET ADDRESS STREET ADDRESS 1110 PINE SHORES DR. SARASOTA, FL. 34231 SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ŠĀRĂSOTA. DМ TITLE X Delete Change ☐ Addition DM. WAMPNER, BIRDIE NAME NAME ENGLE, JUNE 633 PINE SHORES STREET ADDRESS STREET ADDRESS 727 PINE SHORES DR. SARASOTA FL 34231 CITY-ST-71P CITY-ST-ZIP ה TITLE ☐ Delete TITLE ☐ Change ☐ Addition HELLER, DOROTHY NAME NAME 629 PINE SHORS DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-7tP CITY-ST-ZIP 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.

FILED

4-7-84 941-927-7857
Date Dayline Phone #