


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90318 041 ***158.75

DOCUMENT # H47296					
1. Entity Name PINE SHORES HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 6450 S.-TAMIAMI TR. 631 PINE SHORES SARASOTA FL 34231 US			Mailing Address C/O MARY COMBS 631 PINE SHORES DR SARASOTA FL 34231 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2652332	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMBS, MARY MS 631 PINE SHORES DR SARASOTA FL 34231			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 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 type="checkbox"/> Addition
NAME	MC MAHAN, MARTIN C		NAME	Von Gehr, Conrad B	
STREET ADDRESS	#112 PINESHORES DR		STREET ADDRESS	818 Pine Shores DR	
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	SARASOTA 71 34231	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON GEHR, CONRAD B		NAME	McMAHAN, Martin C	
STREET ADDRESS	818 PINE SHORES DR		STREET ADDRESS	112 Pine Shores DR	
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	SARASOTA 71. 34231	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, MARY		NAME		
STREET ADDRESS	631 PINE SHORES DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDILOU, JEAN		NAME	William Rhinehart	
STREET ADDRESS	1110 PINE SHORES DR		STREET ADDRESS	213 Pine Shores DR	
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	SARASOTA, 71 34231	
TITLE	DM	<input checked="" type="checkbox"/> Delete	TITLE	DM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLE, JUNE		NAME	Charles Hutter	
STREET ADDRESS	727 PINE SHORES DR		STREET ADDRESS	633 Pine Shores DR	
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	SARASOTA, 71. 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, DOROTHY		NAME	Fred Deschamps	
STREET ADDRESS	629 PINE SHORS DR		STREET ADDRESS	926 Pine Shores DR	
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	SARASOTA, 71 34231	
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: <i>Mary Combs</i>		MARY Combs		4-14-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	
				941-927-7857	

50039110



1st MOORE CR2E034 (10/04)