


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90113 040 ****61.25

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|---|---|--|--|
| DOCUMENT # N00000003646 | |  | |
| 1. Entity Name PINECREST IV AT STONEYBROOK ASSOCIATION, INC. | | | |
| Principal Place of Business 10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912 | | Mailing Address 10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 04302005 | | Chg-NP | CR2E037 (10/03) |
| 4. FEI Number 65-1020735 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PROFESSIONAL COMMUNITY SERVICES. 11691 GATEWAY BLVD STE 102 FORT MYERS, FL 33913 | | Name <u>WILLIAM D. WHITE, CAM</u> | |
| | | Street Address (P.O. Box Number is Not Acceptable) <u>2310 Della Dr.</u> | |
| | | City <u>Naples, FL</u> | |
| | | Zip Code <u>34117</u> | |
| 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: <u>William D. White</u> <u>WILLIAM D. WHITE</u> | | DATE: <u>4-30-05</u> | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COWELL, DAGNEY 21360 LANCASTER RUN #1515 ESTERO, FL 33928 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Cowell, Dagnay 21360 Lancaster Run # 1515 Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOORE, MARILYN PO BOX 110156 NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Laporta, Patricia 21370 Lancaster Run #1611 Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMPBELL, TERRY PO BOX 110156 NAPLES, FL 334108 <input checked="" 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 | TD FORLIGNER, MARION 21360 LANCASTER RUN ESTERO, FL 33928 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Forligner, Marion 6300 18th St. NE St. Petersburg, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MAS WHITE, WILLIAM D. 2310 Della Dr. Naples, FL 34117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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 617, 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: <u>William D. White</u> <u>WILLIAM D. WHITE</u> | | DATE: <u>4-30-05</u> <u>239-352-6780</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

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