


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000001121	
<b>1. Entity Name</b> PINE MEADOW HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1111 79TH STREET NW BRADENTON, FL 34209	<b>Mailing Address</b> 1111 79TH STREET NW BRADENTON, FL 34209
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02162005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-1090260	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

FAILLACE, RALPH F  
1112 79TH STREET NW  
BRADENTON, FL 34209

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**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 renewing) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD RAFFERTY, MARTIN 922 82ND STREET NW BRADENTON, FL 34209
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD CONDON, THOMAS 1007 83RD STREET NW BRADENTON, FL 34209
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SD MARIFJEREN, PATRICIA 1107 83RD STREET NW BRADENTON, FL 34209
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD TANSILL, JOSEPH 1111 79TH STREET NW BRADENTON, FL 34209
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

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02/22/05-80047-009 61.25

**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:** JOSEPH TANSILL 2/18/05 (941) 795-1119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #