

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 29, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90010 034 \*\*\*\*70.00

**DOCUMENT # N01000001121**

1. Entity Name  
PINE MEADOW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
1115 79TH STREET NW  
BRADENTON, FL 34209

Mailing Address  
1115 79TH STREET NW  
BRADENTON, FL 34209

40116\*\*\*



07212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1090260 ☒ Applied For  
Not Applicable

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

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

FAILLACE, RALPH F  
1115 79TH STREET NW  
BRADENTON, FL 34209

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAFFERTY, MARTIN 922 82ND STREET NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONDON, THOMAS 1007 83RD STREET NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAILLACE, RALPH 1115 79TH STREET NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #