

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000002050

1. Entity Name  
PINE ESTATES ASSOCIATION OF PORT ST LUCIE, INC.



**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90014 026 \*\*\*\*61.25

Principal Place of Business  
470 S.E. PINE RD.  
PORT ST LUCIE, FL 34984

Mailing Address  
451 SE PINE RD. - PSL  
PORT SAINT LUCIE, FL 34984

2. Principal Place of Business

3. Mailing Address  
471 SE Pine Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Port St. Lucie, FL

Zip

Country

Zip  
34984

Country  
USA

01242004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
30-0156011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HOUGH, GEORGE B ESQ  
729 S. FEDERAL HIGHWAY, STE. 222  
STUART, FL 34994

## 7. Name and Address of New Registered Agent

Name Guy W. Nicholls  
Street Address (P.O. Box Number is Not Acceptable)  
470 SE Pine Road  
City Port St. Lucie FL Zip Code 34984

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 Guy W. Nicholls President

(NOTE: Registered Agent signature required when reinstating)

2/24/04  
DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME NICHOLLS, GUY W  
STREET ADDRESS 470 SE PINE ROAD  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984 ☐ Delete

TITLE VD  
NAME NICHOLLS, FAITH M  
STREET ADDRESS 470 SE PINE ROAD  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984 ☐ Delete

TITLE DST  
NAME STRINGHAM, LORI A  
STREET ADDRESS 451 SE PINE ROAD  
CITY-ST-ZIP PORT ST LUCIE, FL 34984 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST  
NAME Toyia Halle  
STREET ADDRESS 471 SE Pine Road  
CITY-ST-ZIP Port St. Lucie, FL 34984 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toyia Halle DST

02/24/04 (772) 871-0301

Date

Daytime Phone #