

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000002050**

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



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

Mailing Address  
**470 S.E. PINE RD.  
PORT ST LUCIE, FL 34984**



02212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**NICHOLLS, GUY W  
470 SE PINE ROAD  
PORT SAINT LUCIE, FL 34984**

**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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE DST  
NAME HALLE, TOYIA  
STREET ADDRESS 471 SE PINE ROAD  
CITY-ST-ZIP PORT ST LUCIE, FL 34984

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000646349  
03/06/07-80026-019 61.25

**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:**

*Toyia Halle* *Toyia Halle Sec/treas* *02/21/07* *772/8710301*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #