

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 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**



03252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
30-0156011

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000871577
04/10/08-80003-005 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
HALLE, TOYIA
471 SE PINE ROAD
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

**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 / DST**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2008 772/285-6590
Date Daytime Phone #