


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90004 049 ****61.25

DOCUMENT # N01000003122	
1. Entity Name PINES WEST HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 5401 KIRKMAN RD, STE 450 ORLANDO, FL 32819	Mailing Address 5401 KIRKMAN RD, STE 450 ORLANDO, FL 32819
<i>46 Community Mgmt. Prof.</i>	

54059901



2. Principal Place of Business 5401 Kirkman Rd. Suite, Apt. #, etc. STE 450 City & State Orlando FL Zip 32819 Country US	3. Mailing Address 5401 Kirkman Rd. Suite, Apt. #, etc. STE 450 City & State Orlando FL Zip 32819 Country US
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06302004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent COMMUNITY MGMT PROF., INC. 5401 KIRKMAN RD, STE 450 ORLANDO, FL 32819	
7. Name and Address of New Registered Agent Name <i>Community Management Prof. Inc.</i> Street Address (P.O. Box Number is Not Acceptable) 5401 Kirkman Rd STE 450 City <i>Orlando</i> FL Zip Code <i>32819</i>	

4. FEI Number 59-3723954	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 <i>Paul Farber, President</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>7-01-04</i>

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AVERY, DELL 2281 LEE ROAD SUITE 103 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PIETKIEWICZ, STANLEY T 2281 LEE ROAD SUITE 103 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULMER, JAMES KENNETH 2281 LEE ROAD SUITE 103 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Paul Avery, Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>7-10-04</i> Daytime Phone # <i>407-645-1965</i>

Attachment

Date 07/02/04

Pines West Homeowners Assoc. Inc.

#1550 Page 0001

VENDOR HISTORY

VENDOR: DOS001

FL DEPARTMENT OF STATE

Contact:

Phone #:

Comment:

Start Date: 02/23/03

Date	Type	Document #	Reference	Amount	Balance
02/23/03	Bill	N01000003122	2003 ANNUAL REPORT	61.25	61.25
02/28/03	Check	000042	Computer check	61.25-	0.00
03/11/04	Bill	030304	ANNUAL-CORP-REPORT	61.25-	61.25-
06/30/04	Check	000165	Computer check	61.25-	0.00
06/30/04	Check	030304	Void	0.00	0.00

Beginning Bal
.00

Total Bills Payable
122.50

Total Bills Distr.
122.50

Current Bal.
.00

-- End of report --

ck never
Cleared Bank