

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003122

FILED  
Jun 01, 2006  
Secretary of State

**Entity Name:** PINES WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 KIRKMAN RD, STE 450  
ORLANDO, FL 32819

**New Principal Place of Business:**

PO BOX 196025  
WINTER SPRINGS, FL 32719

**Current Mailing Address:**

5401 KIRKMAN RD, STE 450  
ORLANDO, FL 32819

**New Mailing Address:**

PO BOX 196025  
WINTER SPRINGS, FL 32719

**FEI Number:** 59-3723954      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COMMUNITY MGMT PROF., INC.  
5401 KIRKMAN RD, STE 450  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

ASC PROPERTY SERVICES INC.  
PO BOX 196025  
WINTER SPRINGS, FL 327196025 US

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.

SIGNATURE: ED HAYDEN

06/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: AVERY, DELL  
Address: 2281 LEE ROAD SUITE 103  
City-St-Zip: WINTER PARK, FL 32789

Title: VTD ( ) Delete  
Name: PIETKIEWICZ, STANLEY T  
Address: 2281 LEE ROAD SUITE 103  
City-St-Zip: WINTER PARK, FL 32789

Title: PD ( ) Delete  
Name: FULMER, JAMES KENNETH  
Address: 2281 LEE ROAD SUITE 103  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PR (X) Change ( ) Addition  
Name: HISKEY, BILL  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 32719

Title: VP (X) Change ( ) Addition  
Name: WEISSMULLER, NICOLE  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 32719

Title: TR (X) Change ( ) Addition  
Name: WILLARD, WILLIAM  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 32719

Title: SR ( ) Change (X) Addition  
Name: RENCOUKOS, KRISTY  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 32719

Title: DR ( ) Change (X) Addition  
Name: FOSTER, MARY  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 32719

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED HAYDEN

MGR

06/01/2006

Electronic Signature of Signing Officer or Director

Date